



Agency of Human Services

2009 Annual Report

Department of Disabilities, Aging and Independent Living



January 2010

Mission Statement

*The mission of the
Department of Disabilities, Aging and Independent Living
is to make Vermont the best state in which to grow old or to live
with a disability – with dignity, respect and independence.*

Core Principles

- ***Person-centered*** – the individual will be at the core of all plans and services.
- ***Respect*** – individuals, families, providers and staff are treated with respect.
- ***Independence*** – the individual's personal and economic independence will be promoted.
- ***Choice*** – individuals will direct their own lives.
- ***Living well*** – the individual's services and supports will promote health and well-being.
- ***Contributing to the community*** – individuals are able to work, volunteer, and participate in local communities.
- ***Flexibility*** – individual needs will guide our actions.
- ***Effective and efficient*** – individuals' needs will be met in a timely and cost effective way.
- ***Collaboration*** – individuals will benefit from our partnerships with families, communities, providers, and other federal, state and local organizations.

Table of Contents

DEPARTMENT DIVISIONS

BLIND AND VISUALLY IMPAIRED.....	1
DISABILITY AND AGING SERVICES	5
Division Structure.....	5
Adult Services Unit Programs.....	7
State Unit on Aging.....	12
Developmental Disabilities and Children Services.....	21
Children Services Unit Programs.....	26
Office of Public Guardian	27
Special Initiatives	28
LICENSING AND PROTECTION	31
Survey and Certification.....	31
Adult Protective Services	36
VOCATIONAL REHABILITATION.....	48
Fueled by ARRA to Fuel the Recovery	49
Reaching Out to Service Vermont Businesses.....	51
Services to Special Populations.....	52
Vermont Assistive Technology Program.....	57

Blind and Visually Impaired

802-241-2210(voice/tty) or 888-405-5005

www.DBVI.vermont.gov

The Vermont Division for the Blind and Visually Impaired (DBVI) provides and oversees specialized services for individuals who are visually impaired using a rehabilitation model that starts when the individual becomes disabled. DBVI offers an array of services specifically designed for people who have lost vision function and independence. The services are provided by a staff of highly trained and qualified professionals, most of whom have a master's degree, specialized training and understanding of the implications of vision loss.

The types of services delivered by DBVI are:

Vocational Rehabilitation Services: The goal of vocational rehabilitation services for the blind and visually impaired is to help the individual retain, return to or enter employment. Services could include: individual counseling and guidance; vocational assessment; orientation and mobility instruction to develop independent travel skills; and other training, devices, technology, education, treatment, job placement and follow-up services to enable success in a job.

Transition Services: DBVI collaborates with several partners including the Division of Vocational Rehabilitation, Vermont Association for the Blind and Visually Impaired (VABVI), Vermont Youth Conservation Corps, ReCycle North, the Gibney Family Foundation and Linking Learning to Life. Services allow students opportunities for learning independent living and job skills. One specific program, called LEAP (Learn, Earn, and Prosper), involves paid summer employment for youth in a residential setting. This early employment success empowers students to take charge of their employment future.

Homemaker Services: Although the primary objective is to enable people to work in competitive employment, including self-employment, occupations such as extended employment, homemaking, or unpaid family work may be a person's most appropriate and acceptable choice. Homemaker duties are those duties necessary to maintain a suitable living environment within the individual's personal residence for the benefit of those residing there, whether the person lives alone or is part of a family unit.

Independent Living Services: For those individuals for whom employment is not a feasible goal (including homemaking), but whose independence is threatened by vision loss, DBVI provides assistance in maintaining independence. This may include traveling independently, preparing meals, and identifying medications. The independent living

services for individuals aged 55 or older supports services to assist individuals whose recent severe visual impairment makes competitive employment extremely difficult to obtain, but for whom independent living goals are feasible. These funds are granted to VABVI to provide direct services including orientation, mobility, low vision training, and daily living services.

Randolph /Sheppard Program: This is a vending program which supports small business and vending opportunities in state and federal buildings.

With a strong emphasis on rehabilitation for blind and visually impaired Vermonters and developing employment opportunities, DBVI plans to place a higher importance on job development. Recently DBVI has increased the number of job developers. Currently there are three Vermont Association of Business Industry and Rehabilitation (VABIR) employees who work directly with the rehabilitation counselors to ensure that all of the implications of vision impairment are addressed when looking for employment. Over the past year this has been our most exciting initiative resulting in a significant number of work experiences offered to consumers with visual impairments. It is important to note that during these challenging economic times, these experiences improve job skills and often lead to employment. Thirty-one individuals benefited from Work Experiences, Job Shadowing and On-the-job training.

Strengthening the effort and staying focused on increasing job skills has allowed DBVI to increase opportunities and a higher standard of living for people who are visually impaired. The following is a case story about a young man who gained employment this past year.

Colby was born with a congenital condition and visual diagnosis that had a large impact on his ability to learn and process information. During his early years he received special education and got by with passing grades. He was socially awkward and had learning difficulties. Going to college was a challenge for him, although he did receive an associate's degree. He had a set back when he realized that he was unable to successfully complete and receive a four-year college degree. During his entire education he received the most current technology and developed a passion for computers. When he discovered that he had to leave college after many years of trying to succeed, he was faced with uncertainty about what direction he should take. He was referred to the DBVI/VABIR job developer. An Adaptive Technology assessment completed by our technology consultant outlined equipment needed to complete job tasks and training. With the skills gained and a strong work ethic he was able to participate in a work experience that lead to permanent employment. He is currently employed in a job that requires him to access information from a computer screen and enter data. This job is close to his home and he doesn't have to rely on public transportation. At age 30, this is the first time he has been able to achieve competitive employment. This is a great job match for him as he is doing what he enjoys most. He is meeting people and earning a living. He learned so much about computers and technology that his hobby is to help older Vermonters set up and use computers. He

continues to study and learn all he can about technology. This success story was a collaborative effort including services from our rehabilitation partners.

DBVI had 75 similar successful employment closure stories this year.

A good rehabilitation model requires the program to look at the total person and where they are in their rehabilitation process. It is important to point out that the services DBVI provides address the whole person at the time of vision loss. It is a total rehabilitation process based on adjustment and skill building to allow the person to regain self confidence and self esteem after and during severe trauma. Services empower the individual to learn to travel independently and learn new techniques for accessing print and task completion. DBVI services help individuals to reestablish control so that they have the ability to complete basic living skills that are usually taken for granted, such as, independently preparing breakfast, getting dressed and traveling independently to work.

The power of Adaptive Technology is critical to DBVI and for expansion of employment opportunities. It is essential to stay current about new technology which continues to revolutionize employment access for people who are blind and visually impaired. Adaptive Technology allows a person with visual impairment to be connected with society, continue employment and pursue a tremendous range of careers in mainstream society. DBVI's technology experts will continue to research and pursue education to ensure that this division is on the cutting edge and aware of changes and improvements that will eliminate barriers.

DBVI continues to provide services to consumers needing Independent Living services. The Vermont Association for the Blind and Visually Impaired (VABVI) continues to receive both federal and state funds from DAIL to provide services to adults over the age of 55 with impaired vision. These high quality services provided in the home, community and at central sites include travel skills, low vision rehabilitation and a whole range of independent living skills. During the federal year ending September 30, 2009, 790 Vermonters were served.

DBVI believes the best way to represent our work is through the stories of some of the consumers. These stories show how, with creativity and determination on the part of DBVI, the consumers, and partners at the Vermont Association for the Blind, even seemingly difficult situations can end with wonderful results.

Born prematurely, a set of 42 year old twin men with vision and hearing loss (Usher's Syndrome Type II) live in a rural area of VT. The effects of premature birth also resulted in developmental disabilities. They received 12 years of special education instruction. Upon graduation they both found jobs in the area. The family was very supportive and provided transportation. Last year one of the brother's vision and hearing problems worsened. DBVI staff suggested some independent living services to help with daily living needs.

The twin with the worse vision had been traveling with someone walking behind him “steering” him. To improve his travel skills, mobility training was provided by VABVI. He has learned sighted guide techniques, along with members of his family, so it is no longer necessary to “steer” him. Instead he can be safely and efficiently guided as he simply takes an elbow from a guide. A white cane has been provided with instructions on how to detect drop offs, go up and down stairs safely and travel safely and walk independently to the mailbox and local store. Wraparound sunglasses known as UV Shields were helpful in reducing glare when outside or riding in the car. Hearing aids were provided, improving communication with family and others and increasing safety when traveling outdoors. It is now much easier for the two men to negotiate areas such as parking lots with the assistance of family and friends.

The microwave controls and washer and dryer dials have been given raised markings to improve access. The brothers can now warm meals and do their own laundry. Due to the severity of visual impairment, one of the brothers was unable to benefit from magnification. The other was referred to a low vision specialist. This exam resulted in new glasses with transition lenses and dark fit over sunglasses. A magnifying lamp helps him to work with tools and other larger objects. Hand- held magnification helps with spot reading and word search books. A magnifying mirror helps with personal grooming.

Both men are in good physical health and were pleased to receive lifetime fishing licenses and information on adaptive ski and sports. They will resume skiing and snowshoeing and have found they love tandem biking. The family is very thankful for DBVI’s interest, concerns, and help in coordinating the proper services to maintain independence and increase community involvement for these two gentlemen. This is one example of a successful closure in the Independent Living Program. DBVI had 40 similar successful closures this year.

DBVI’s commitment to continuous improvement ensures that our consumers whom depend greatly on specialized services receive the same high quality, dedicated, timely attention in addition to meeting the other demands of the program. We are working closely with our partners to ensure that we stay on track with our goals for the upcoming year. We feel confident that we will not only maintain our high level of services but that we will be able to add and enhance the quality of the program.

Disability and Aging Services

802-241-2648 (voice) 802-241-3557 (tty)
www.ddas.vermont.gov

The Division of Disability and Aging Services (DDAS) is responsible for all long-term care services for older Vermonters, individuals with developmental disabilities, traumatic brain injuries, and physical disabilities. The division is comprised of the six units:

- Adult Services Unit (ASU)
- State Unit on Aging (SUA)
- Developmental Disabilities and Children Services Unit (DDCSU)
- Clinical Services Unit (CSU)
- Office of Public Guardian (OPG)
- Data and Planning Unit (DPU)

The **Adult Services Unit** (ASU) administers programs that provide individualized services and supports to older Vermonters who have long term care needs, people with physical disabilities who need assistance in or out of their home, and adults who have a traumatic brain injury.

The **State Unit on Aging** (SUA) facilitates the development of services and supports by building capacity in the community and promoting quality programs to meet the needs of older Vermonters, their family caregivers and people with disabilities. The unit administers grants, programs and services, such as case management; information, referral and assistance; family caregiver services; health promotion and disease prevention; home delivered and community meals; and supportive housing and service options. The State Unit on Aging is responsible for overseeing quality of services provided through the federal Older Americans Act, Choices for Care program and Traumatic Brain Injury program.

The **Developmental Disabilities and Children's Services Unit** (DDCSU) develops, plans and administers Developmental Disabilities Services and Children's Personal Care Services. The Developmental Disabilities and Children's Services Unit is responsible for overseeing the quality of services provided by the 16 developmental disability services providers. The unit is also responsible for providing technical assistance, improving and ensuring the quality of services through provider reviews and designation.

The **Clinical Services Unit** (CSU) provides medical and clinical oversight for DDAS programs that serve people across their life spans. The focus is on determining medically appropriate care while working to ensure and improve the quality of medical services. Support to service providers is also offered around medical and nursing issues.

The **Office of Public Guardian** (OPG), acting under court authority, provides public guardianship where there is no friend or family member to serve as guardian, and the individual needs a public guardian to protect his or her rights or welfare.

The **Data and Planning Unit** (DPU) supports other DDAS units in collecting and using data and information for program management, performance and outcome indicators, quality improvement, federally-required and other national reporting and service planning. The unit also supports internal and external planning activities.

Community Partners

DDAS works with private non-profit and for-profit organizations to provide services and supports to older Vermonters, individuals with developmental disabilities, traumatic brain injuries and physical disabilities. The majority of these services and supports are provided by:

- Adult Day Centers
- Area Agencies on Aging
- Developmental Disability Services Providers
- Home Health Agencies
- Housing Partners
- Information, Assistance and Referral Providers
- Mental Health Providers
- Nursing Facilities
- Residential Care Homes
- Senior Centers
- Transportation Providers
- Traumatic Brain Injury Providers

Desired Outcomes of Services

These outcomes, along with their associated indicators, sources of information and information gathered, form the DDAS Quality Service Standards. The standards are the criteria by which quality is measured.

- **Respect:** Individuals feel that they are treated with dignity and respect.
- **Self-Determination:** Individuals direct their own lives.
- **Person-Centered:** Individuals needs are met, and their strengths and preferences are honored.
- **Independent Living:** Individuals live as independently and interdependently as they choose.
- **Relationships:** Individuals experience satisfying relationships, including connections with family and their natural supports.
- **Participation:** Individuals participate in their local communities.
- **Well-being:** Individuals experience optimal health and well-being.
- **Communication:** Individuals communicate effectively with others.

Adult Services Unit Programs

802-241-1228

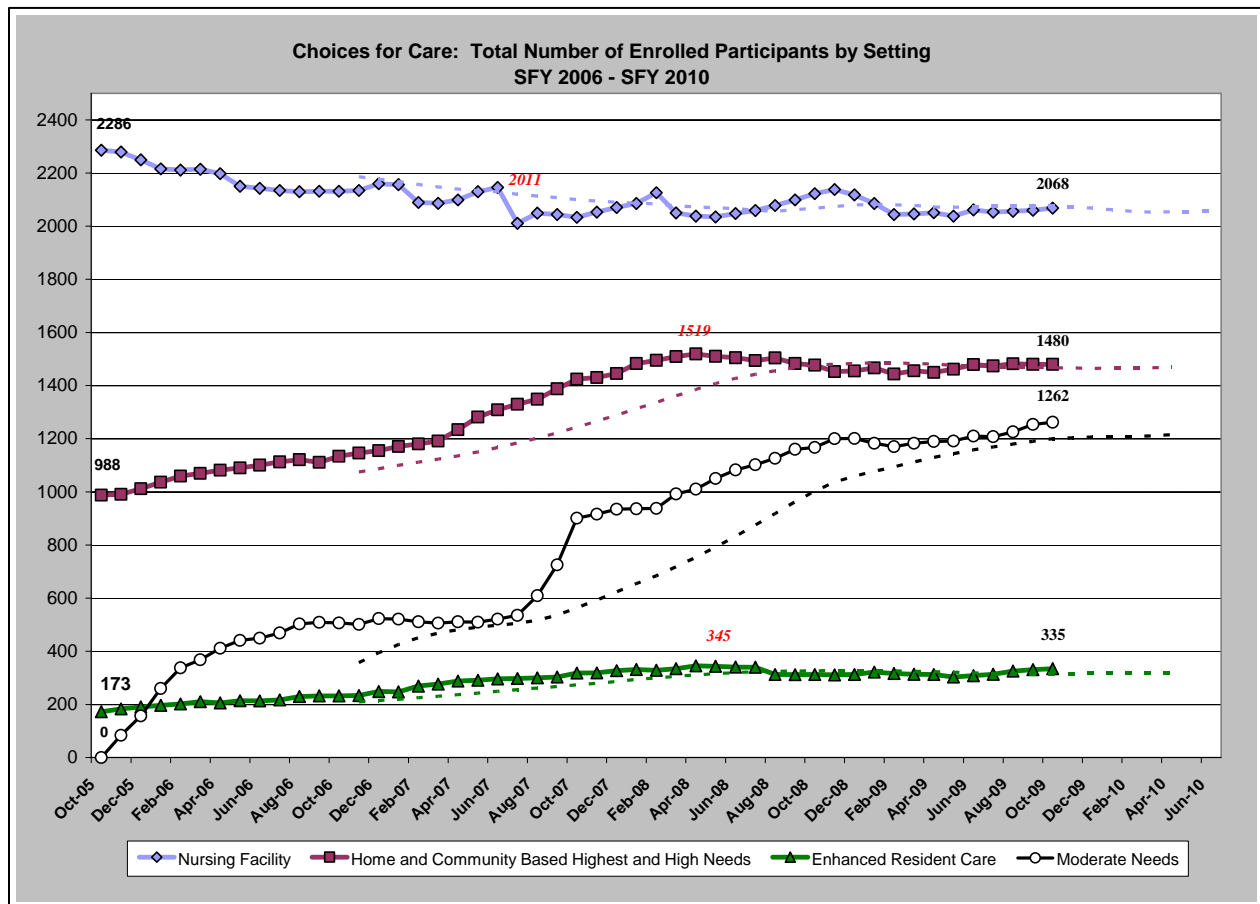
Choices for Care – 1115 Long-Term Care Demonstration Waiver

Choices for Care (CFC) is a Medicaid-funded, long-term care program that pays for care and support for older Vermonters and adults with physical disabilities. The program assists people with everyday activities at home, in an Enhanced Residential Care Home setting, or in a nursing facility. Choices for Care has two levels of service, depending on the assessed level of care and need. For individuals who need nursing home level of care, Choice for Care provides Highest and High Needs services. Moderate Needs services are for people who have lesser needs and receive homemaking and/or adult day services and case management. To enroll, participants must be age 65 and over or age 18 and over with physical disabilities, qualify for nursing home level of care (High and Highest Need Groups only), and be financially eligible for Long-Term Care Medicaid (High and Highest Need Groups only).

Settings and options include:

- Home-Based Supports: This includes personal care, respite, companion, adult day, and case management services to help people remain in their homes and communities.
- Enhanced Residential Care: 24-hour care is provided in licensed Level III Residential Care Homes and Assisted Living Residences authorized to care for residents with nursing home level of care needs.
- Nursing Facility Services: 24-hour care is provided in certified Nursing Facilities.
- Flexible Choices: Home-based participants convert their plans of care to a dollar-equivalent allocation. Working with a consultant, participants develop a spending plan for that allocation, allowing them more flexibility in purchasing their care and meeting their needs.
- Program for All-Inclusive Care for the Elderly (PACE): An integrated health care delivery system for frail individuals 55 years and older that provides all acute, primary and long-term care needs.

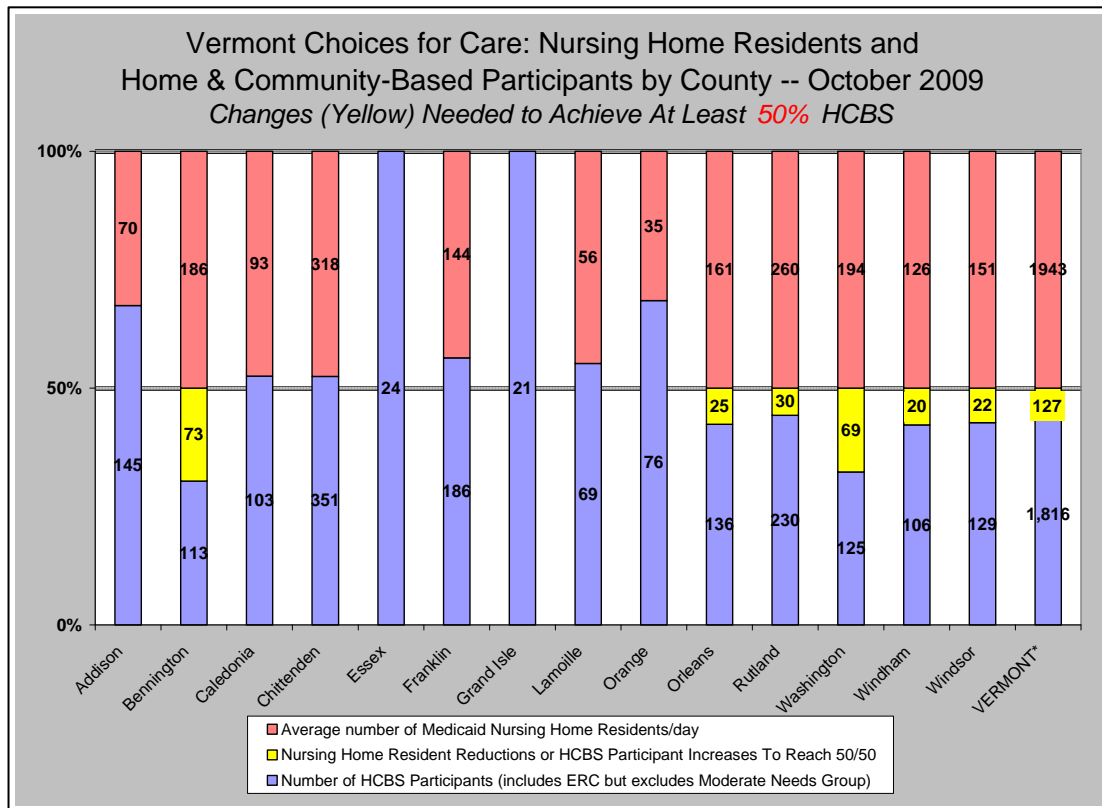
Vermonters Served: (as of 10/09) 5,145 participants (2,742 in home and community-based settings; 335 in Enhanced Residential Care; 2,068 in nursing facilities) were receiving services. These numbers include Highest, High and Moderate Needs groups.



The overall goal of Choices for Care waiver services is to give people more choice and control over where and how they want to meet their long-term care needs. As anticipated, this has resulted in more people choosing home and community based care than nursing facility care. One objective of Vermont’s Medicaid long term care system was to achieve a 60/40 balance between nursing facility and home and community-based care.¹ The 60/40 target has been achieved, and exceeded, in all but two counties. Vermont’s revised and more ambitious objective is to achieve a “50/50” balance. Six counties have not yet achieved that objective.

Fourteen Long Term Care Clinical Coordinators (LTCCCs) conduct clinical assessments for program eligibility, helping to improve program efficiencies and develop cost effective service plans. The LTCCCs are located regionally, often co-located within the offices of the Department for Children and Families, to expedite the long-term care Medicaid eligibility determination process.

¹ For every 100 people in a county needing long-term care, 60 would be in a nursing facility and 40 would receive home and community-based services.



Highlights from SFY '09:

- There was a steady increase in the number and percentage of people receiving long term care services in their own homes and communities.
- Financial pressures continue, requiring an on-going applicant list for the High Needs Group, reducing the total number of people served in the community.
- PACE is now operating in Rutland County as well as Chittenden and part of Grand Isle County.
- In order to address sustainability in light of financial pressures, the Choices for Care allotment for Instrumental Activities of Daily Living (IADLs)² was further reduced from 5.5 hours per week to 4.5 hours per week.
- The Adult Day service cap for Moderate Needs was increased from 30 hours/ week to a maximum of 50 hours/week for individuals who need more time. However, this increase in the cap further delays the rate at which individuals move off the Moderate Needs wait list.
- The Flexible Choices grant from the Robert Wood Johnson Foundation ended and Flexible Choices is now part of the permanent program structure of Choices for Care.

² IADLs include shopping, housekeeping, laundry, medication management, money management and other light chores.

Traumatic Brain Injury Program.

The Traumatic Brain Injury (TBI) Program diverts and/or returns Vermonters, with moderate to severe traumatic brain injuries, from hospitals and facilities to community-based settings. This is a rehabilitation-based, choice-driven program, intended to support individuals to achieve their optimum independence and help them return to work. (See Special Initiatives section for more information on the TBI Partnership Grant.)

Services Include:

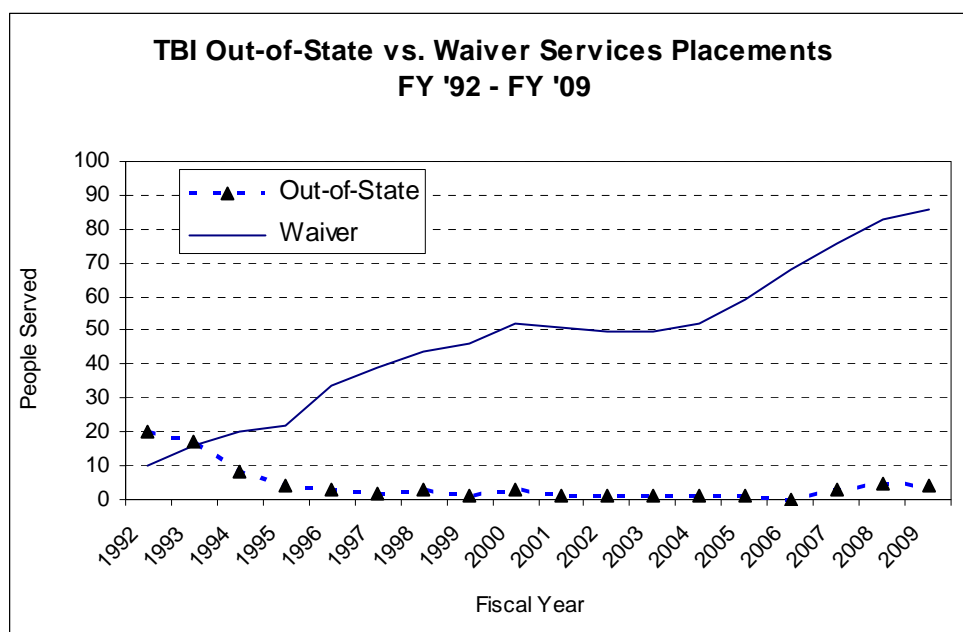
- Case management
- Respite
- Crisis support
- Community supports
- Special needs (ongoing long-term services)
- Rehabilitation services
- Assistive technology
- Employment supports
- Psychology/counseling supports

Vermonters Served: (SFY '09) 86 people

- People aged 16 or older diagnosed with a moderate to severe brain injury who demonstrate the ability to benefit from rehabilitation and a potential for independent living

Highlights from SFY '09:

- Eleven (11) individuals were discharged from TBI waiver services.
- Since implementation of the original waiver in 1992, out-of-state placements dropped from a high of 20 (FY '92) to 4 in FY '09.
- In FY '09, the average care plan was \$5,587 per month compared to the average out-of-state cost of \$17,000 per month.
- 100% of individuals improved their quality of life and level of functioning based on individual quarterly assessments.



Attendant Services Program

The Attendant Services Program (ASP) supports independent living for adults with severe and permanent disabilities who need physical assistance with activities of daily living to remain in their homes. ASP provides funding and payroll support for participants to employ and direct their own personal care attendants. The program includes three options: Medicaid Participant Directed Attendant Care (PDAC); General Fund Participant Directed Attendant Care (PDAC) and Personal Services.

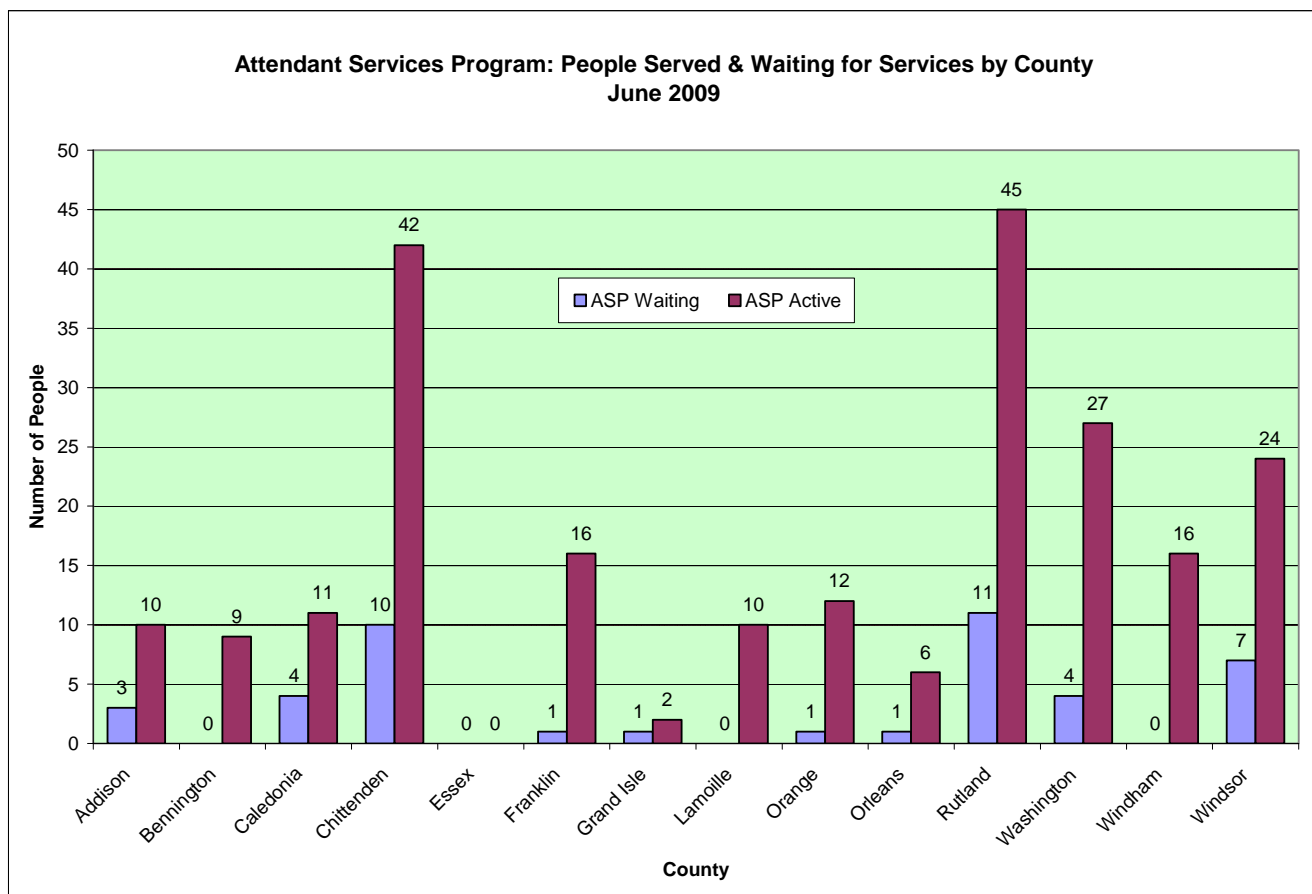
Services Include:

- Assistance with activities of daily living such as dressing, bathing, eating, grooming, toilet use and range of motion exercises; and
- Assistance with instrumental activities of daily living such as meal preparation, medication management and care of adaptive and health equipment.

Vermonters Served: (SFY '09) 314 adults

Highlight from SFY '09:

- 230 people were receiving attendant services as of June 30, 2009; an additional 43 people were on a waiting list.



State Unit on Aging Programs

802-241-4534

Adult Day Services

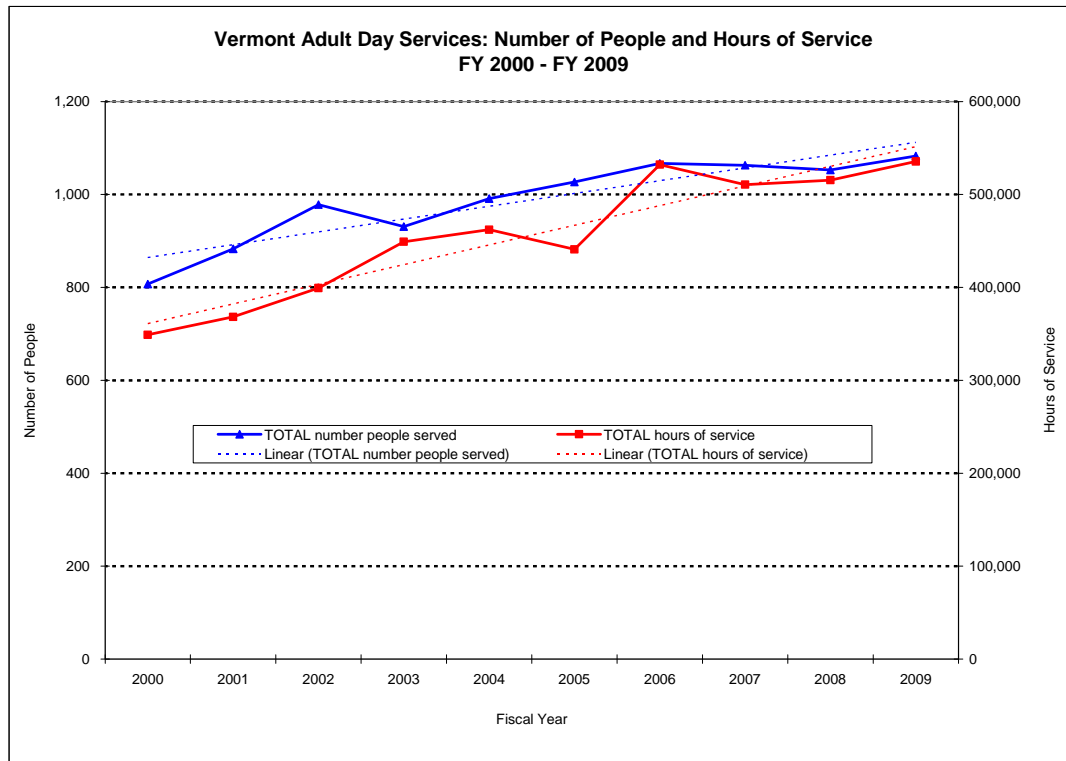
Adult day services are community-based non-residential services designed to assist adults with physical and/or cognitive impairments to remain as active in their communities as possible by maximizing their level of health and independence and ensuring their optimal functioning. Adult day centers provide a safe, supportive environment where participants can receive a range of professional health, social and therapeutic services. Adult day services also provide respite, support and education to family members and caregivers. Adult day centers are certified by DAIL according to the Vermont Standards for Adult Day Services. During FY '09, a working group comprised of representatives of the adult day centers and DDAS staff reviewed and updated the standards as well as the certification process. Certification reviews using the revised process began in early FY '10.

Services Include:

- Professional nursing services
- Personal care
- Therapeutic activities
- Respite (including support and respite for family caregivers)
- Nutritious meals
- Social opportunities
- Activities to foster independence
- Support and education to families and caregivers

Vermonters Served: (SFY '09) 1,083 people

- Older Vermonters
- Vermonters age 18 and over with disabilities



Dementia Respite Grant Program

The dementia respite grant program is managed by Vermont's five Area Agencies on Aging. Grants are available for family members or other unpaid primary caregivers of a person who has been diagnosed with Alzheimer's disease or a related disorder and meets certain financial criteria. Priority is given to those who are ineligible for other programs. Respite gives family caregivers the break they need to reduce stress, maintain their well-being and assist them in continuing their caregiving roles. Dementia Respite Grants may be used to pay for a range of services such as substitute in-home caregiving, homemaker services or for out-of-home services such as Adult Day Programs.

Vermonters Served: (SFY '09) 297 individuals with dementia and their family caregivers.

Highlights from SFY '09:

- Federal funding for this program ended with the completion of the Alzheimer's Disease Demonstration Grant.
- The 44% decrease in funding required that grants to family caregivers be reduced from \$1,500 to \$1,000.

Food and Nutrition Programs

Providing nutritious, well prepared meals that are served or delivered with the highest of food safety standards is the foundation of the food and nutrition programs. Nutrition plays an important role in promoting good health and preventing disease. Nourishing food and nutrition services enable older adults and individuals with disabilities to remain in their homes and communities.

Meals for Younger Adults with Disabilities

The Vermont Center for Independent Living (VCIL) coordinates with service providers across Vermont to offer home delivered meals to adults with disabilities under the age of 60. The home-delivered meals program provides nutrition services to participants with a disability and/or chronic condition who are otherwise unable to prepare their own meals and do not have access to meal preparation assistance. The three options available to qualified participants include:

- Long-term (up to 5 meals/week for the entire year);
- Short-term (up to 60 meals/year); and
- Emergency (for transient crisis intervention, such as services related to hospital discharge following surgery).

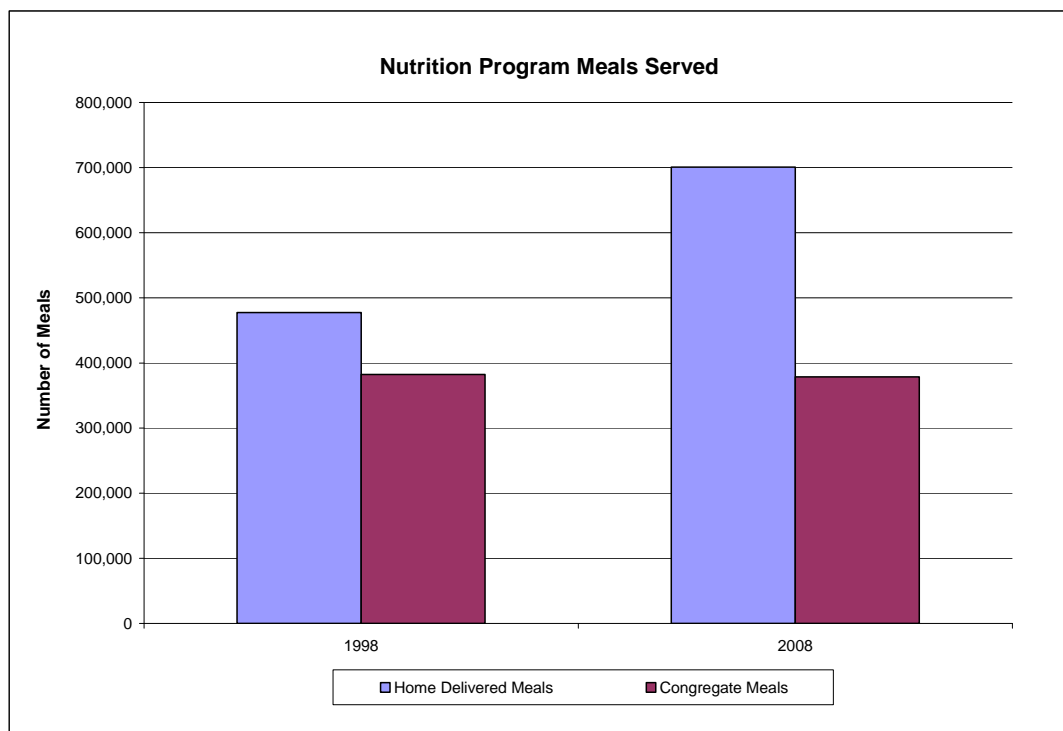
Vermonters Served: (SFY '09) 542 individuals were served 59,520 meals (50,426 long-term; 7,868 short-term; and 1,226 emergency)

Nutrition Services for Older Vermonters

Older Americans Act funds help support two programs designed to provide healthy meals and nutrition services for older adults; the congregate meals program and the home delivered meals program. Both programs contribute to the food security of older adults. Individuals who are food secure experience lower rates of disability, hospitalization, depression and mortality. The trend in the nutrition program is the continued growth in demand for home delivered meals.

Highlights from SFY '09:

- Interest and efforts to increase access to local foods gained momentum.
- Higher food costs strained the meal provider community.



Mental Health Elder Care Clinician Program

The Elder Care Clinician Program (ECCP) provides mental health services to older adults through the collaboration of Vermont's Area Agencies on Aging (AAA) and the designated mental health agencies. Elder Care Clinicians include social workers, psychologists, qualified mental health professionals and mental health community support workers. Psychiatrists may be part of the treatment team for consultation and for prescribing and monitoring medications. An Elder Care Clinician can meet with the person in his/her home or in an office setting. The frequency and duration of treatment depends upon individual needs.

Services Include:

- Community mental health outreach
- Mental health screening and clinical assessment
- Supportive counseling
- Medication monitoring

Vermonters Served: (SFY '09) 442 adults age 60 and older experiencing a mental health concern such as depression, anxiety, dementia or substance abuse

Older Americans Act Services

The Older Americans Act (OAA) provides funding for a range of programs that offer services and opportunities for older Vermonters to remain as independent as possible and to be active and contributing members of their community. The OAA also provides a range of services to family caregivers to support them to continue in this essential role. The OAA focuses on improving the lives of older adults and family caregivers in areas of social and community services, income, housing, nutrition, health, employment and retirement.

Vermonters Served: (FFY '08) 43,306 Vermonters received services supported by the Older Americans Act

- Adults age 60 and over
- Family caregivers (of any age) of older adults
- Older relative caregivers of children under age 18 and adult children with disabilities as specified in the Older American's Act

Case Management

Under the OAA and within the Choices for Care program, case managers play a vital role in helping older adults and family caregivers build upon their strengths, seek and obtain new resources, and achieve personal goals. The Division of Disability and Aging Services (DDAS) works closely with the Area Agencies on Aging and Home Health Agencies to develop a comprehensive approach to the provision of case management services in accordance with established DDAS Case Management standards. The Division also funds a case management training program.

Vermonters Served: (FFY '08) 8,954 older adults under OAA

Health Promotion and Disease Prevention

Older adults often need support in making choices to help manage their chronic disease and improve their quality of life. Adopting behaviors such as engaging in physical activity, eating a healthy diet and getting regular health screenings are vital components of healthy aging. Community based health promotion and disease prevention interventions that are evidence based provide older adults with the support they need to age well in their own communities. Evidence-based programs, including *A Matter of Balance*, *PEARLS*, *Healthy IDEAS* and the *Healthier Living Workshops*, assist aging services providers in using resources effectively, proving that their programs work and make positive differences in the lives of the people they serve.

Information, Referral and Assistance – IR&A

Several Information, Referral and Assistance (IR&A) resources are available to Vermonters with disabilities, older adults, family members, caregivers and the general public. Information, Referral and Assistance specialists can help locate the appropriate

service, educate about important issues and help someone understand the various eligibility requirements. In many cases, contact with an IR&A specialist is the first step in maintaining independence with dignity.

Senior HelpLine (1-800-642-5119): The Senior HelpLine automatically connects callers to their local Area Agency on Aging (AAA) to speak with an Information, Referral and Assistance specialist. Senior Helpline specialists at each AAA provide a wealth of information on programs and services available to adults age 60 and older, their family and caregivers, providers and the general public. These specialists provide accurate information using extensive databases that are regularly updated. Information requests sometimes lead to a home visit from a case manager who can provide highly specific information based on an assessment of the individual's needs and circumstances. As the Aging and Disabilities Resource Connection (ADRC) began to function more fully over the past year and all the AAAs increased their involvement with the ADRC, the capacity of this service has increased. (See the Special Initiatives section for more information about the VT ADRC grant.)

Vermonters Served: (FFY '08) The Senior HelpLine received 26,459 calls

Legal Assistance

Area Agencies on Aging (AAAs) purchase legal services on behalf of older Vermonters and sometimes family caregivers. Legal service providers can help older adults with information on guardianship, probate wills, estate planning, lawyer referrals, reporting abuse or neglect, filing complaints, public benefits, tenant-landlord issues and more.

Vermonters Served: (FFY '08) 4,902 hours of legal assistance service

National Family Caregiver Support Program

Family caregivers provide most of the needed care to older adults and children and many contribute their own funds for the care for their family member, often giving up or limiting employment, personal goals and other interests. The National Family Caregiver Support Program (NFCSP) provides an array of services and support specifically designed for family caregivers. Family caregivers have long been described as the “backbone of long-term care”; nearly two thirds of older persons with long-term care needs rely exclusively on family and friends. Family caregiver support services allow the AAAs to meet the unique needs of family caregivers for which there is no other available resource.

Services include:

- Information
- Assistance in accessing services for caregivers
- Caregiver counseling, support groups and training
- Respite
- Supplemental services to meet caregiver needs

Vermonters Served: (FFY '08) 36,392 Vermonters received broad outreach and information services; 2,726 family caregivers obtained individualized services and support.

Senior Community Services Employment Program

The Senior Community Services Employment Program (SCSEP) is a transitional job-training program that offers training within partnering community service agencies. The combination of skills training and community service leads to employment for low-income individuals age 55 and older.

Vermonters Served: (FFY '09) 95 unemployed seniors (55% were 60 and over; 41% had disabilities; 21% were veterans; 81% had family income at or below the poverty level)

Highlights from FFY '09:

- The average starting wage in competitive employment was \$10.80.
- The SCSEP exceeded their employment goal with an employment rate of 48%. Jobs included maintenance, food service, teacher substitutes, cashier and care provider.
- The average retention rate was 70%.
- The SCSEP increased training opportunities for participants through collaboration with community partners. The cooperative training programs were the *Essential Computing Skills* course offered with support from the Rutland Region Education Alliance and the Vermont Country Store, and the *Career Readiness Certification Program* sponsored by the Vermont Department of Labor and the Community College of Vermont.

Long Term Care Ombudsman Program

DAIL contracts with Vermont Legal Aid to operate the statewide Office of the Long Term Care Ombudsman. The Ombudsmen protect the safety, welfare and rights of Vermonters who receive long term care in all settings, including home-based settings under the Choices for Care waiver. Additionally, certified volunteers assist the Ombudsmen in protecting individuals who live in nursing homes and residential care homes.

Services Include:

- Investigating and resolving complaints on behalf of individuals receiving long term care
- Assisting individuals to seek administrative, legal and other remedies to protect their rights, health, safety and welfare
- Educating community members concerning the needs of individuals receiving long term care
- Reviewing and commenting on existing and proposed legislation, regulations and policies related to individuals in long term care.

Vermonters Served: (FFY '09) Responded to 598 complaints (478 facility-based which includes nursing facilities; residential care and assisted living; 117 community-based)

Highlights from FFY '09:

- Approximately 82% of the facility-based complaints closed in FFY '09 were verified and 78% were fully or partially resolved to the satisfaction of the resident.
- Approximately 90% of the community-based complaints closed in FFY '09 were verified and 73% were fully or partially resolved to the satisfaction of the participant.

Supportive Housing and Service Options

DDAS administers and coordinates several programs designed to support, coordinate and/or develop supportive services in various types of housing to help people maintain their independence and live in the settings they prefer. Our goal is to improve systems and infrastructure that support housing for older Vermonters and adults with disabilities, and to collaborate with groups within and outside of State government to assess the status of housing and address unmet needs.

HomeShare VT (Champlain Valley) and HomeShare of Central VT (Washington County)

DDAS supports two home sharing programs, which offer match and follow-up services to people with a home to share and to those seeking an affordable housing option. The typical home provider is an older individual or person with a disability who will benefit from the presence of another person living in and sharing his or her home. In return for reduced or free rent, the home seeker offers the home provider homemaking, meal preparation, home maintenance and/or other services. In Chittenden County, the program also matches people in need of supportive services with live-in or hourly caregivers who provide personal care, meal preparation and other services. The HomeShare programs provide cost-effective choices in addressing the concern of increasing long-term care costs.

Vermonters Served: (SFY '09) 1,167 people (unduplicated) received some form of service or assistance (181 entered into a home share-only match; 156 entered into an hourly care or live-in care arrangement)

South Burlington Community Housing

The South Burlington Community Housing (SBCH) development provides independent living options including accessible apartment units and Choices for Care-funded personal care services. Residents choose SBCH because it offers an independent apartment setting with 24/7 personal care services. Prospective residents must be capable of self-directing their care, meet HUD financial eligibility, require at least four hours of personal care a day and be willing to participate in a shared care service delivery model. The SBCH is a collaborative effort between DAIL, Cathedral Square Corporation and VNA of Chittenden and Grand Isle Counties.

Home and Community Access Program

The Housing and Community Access Program (HCAP) at the Vermont Center for Independent Living receives funding through DAIL to supplement funding provided by the Vermont Housing and Conservation Board. The program provides information, assistance and referral services to help people with physical disabilities locate and secure funding for home modifications. It supports independent living through collaborations with a wide array of community partners including contractors and vendors, non-profit housing organizations, volunteer groups, municipalities, state government departments, funders and lenders, United Way, architects and social service providers.

Vermonters Served: (SFY '09): 80 HCAP projects enabled 58 Vermont households to maintain independent living in their home (45 had incomes less than 50% of the median income; 28 had less than 30% of the median income)

Highlights from SFY '09:

- Home and Community Access Program staff at the Vermont Center for Independent Living leveraged \$148,242 in additional resources for the program.

Housing and Supportive Services

Information and referral assistance offered at the Housing and Supportive Services (HASS) sites provides education and support to individuals, families and caregivers of adults. Assistance includes: screening; locating previously unidentified, appropriate community resources that fulfill unmet needs; referral to community and home based resources; and education related to disease prevention. Referrals include an array of interactive education topics related to healthy lifestyle changes including physical activity. The HASS coordinators also advocate on the participant's behalf, assisting them with completion of necessary paperwork (e.g., for benefits or services and supporting independent activities of daily living). Group activities at sites are designed to promote the health and well-being of the whole person in one or more of the following dimensions of wellness: intellectual; physical; social; vocational; emotional; and spiritual. As a result of having the HASS coordinator on site, collaboration with other community resources are developed that supported a range of activities.

Vermonters Served: (SFY '09) Funding was provided to 23 HASS sites to ensure accessible, on-site residential service coordination for approximately 1,200 older Vermonters and adults with disabilities

The State Health Insurance Program

The State Health Insurance Program (SHIP) provides information, assistance and problem solving support to Medicare beneficiaries and individuals dually eligible for Medicare and Medicaid, who need help selecting or managing public and/or private health insurance benefits. SHIP is supported by a grant from the Centers for Medicaid and Medicare (CMS) and funding is sub-granted to the state's five Area Agencies on Aging (AAA). The AAAs employ a state Program Director and SHIP coordinators and volunteers within each region to provide consumers easy access to information and assistance. SHIP coordinators are located in each AAA and can be reached through the Senior HelpLine (1-800-642-5119)

Highlights from SFY '09:

- SHIP assisted 12,758 individuals, 834 couples and 1,728 caregivers with enrollment, services and questions related to Medicare, Medicaid and other insurance programs. Many calls were received about Medicare Part D. In addition, SHIP staff provided assistance to 1,148 staff representing health providers, health care and social service agencies, who contacted the SHIP on behalf of people they serve.
- CMS awarded Vermont SHIP a Performance Award Supplement to the FY 2009 program efforts in the amount of \$35,050. Vermont SHIP ranks #4 in the nation for overall performance, and #2 in a comparative cluster of nine other states. For several years the Vermont SHIP program has been recognized by CMS for its excellence in service delivery through Performance Plus Awards. Vermont SHIP will use these grant funds to enhance and expand its SHIP counseling and information assistance functions, particularly through increasing awareness among Medicare beneficiaries about the extra help available to those with limited income and resources in paying for prescription drug costs.

Developmental Disabilities and Children's Services Unit Programs

802-241-2614

Developmental Disabilities Services

Developmental disabilities services help provide support to individuals and their families to increase independence and be part of their local communities. These services provide support to: prevent or end institutionalization; prevent or respond to abuse and neglect; prevent imminent risk to people's health and safety; respond to adults who are or may become homeless; help people find and maintain employment; help parents with developmental disabilities keep their children; and prevent adults who pose a risk to public safety from endangering others. These services support people with developmental disabilities to live dignified lives and find opportunities for community participation. The majority of services for people with developmental disabilities are funded through Global Commitment home and community-based services and provided by private, non-profit agencies. The amount and type of services is determined by an individual needs assessment.

Services include:

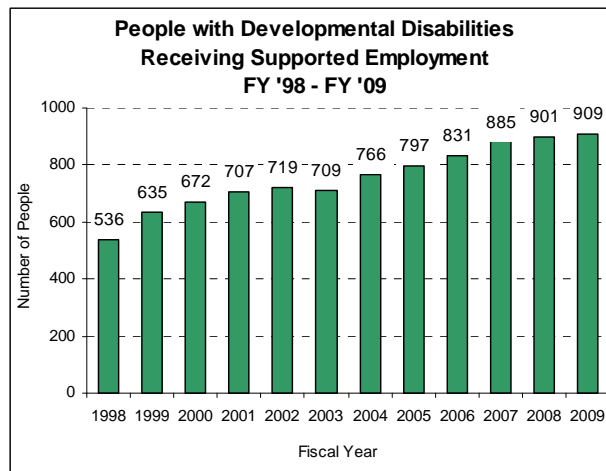
- Service coordination/case management
- Community supports
- Family supports
- Clinical interventions
- Respite
- Employment services
- Home supports
- Crisis services

Vermonters Served: (SFY '09) 2,372 people received home and community based services

- People with developmental disabilities of any age (newly funded home and community based services are primarily available only to applicants aged 18 and over)

Highlights from SFY '09:

- There are 909 people in Vermont receiving supported employment services which ranks Vermont first nationally based on population.



- Service providers helped 36% of working age adults with developmental disabilities to work. The average hourly wage was \$8.59 with a high of \$16.32 per hour. An estimated \$1,433,476 was saved in public benefits (SSI) due to people working and \$583,406 gained in employer/employee tax contribution.
- Fiscal pressures led to a 3.75% reduction in developmental disability services funding, resulting in a decrease in direct services and elimination of staff who provide service coordination, community supports, work supports, respite, crisis and clinical services.
- Due to Vermont's financial challenges and a subsequent reduction in state staff, the quality review process was redesigned resulting in a reduction in reviewers and less frequent quality reviews of agencies.

Autism Supports

An interagency plan to enhance state services for individuals with autism spectrum disorders (ASD) across the lifespan and in school, home and community was finalized in June 2008. Seven priorities were identified by the Secretary of the Agency of Human Services (AHS) and the Commissioner of Department of Education (DOE) including:

- Enhancing early screening and diagnosis
- Improving access to intensive early intervention services for young children
- Defining responsibilities for AHS and DOE for implementation of the autism plan
- Developing coordinated dissemination of autism resource information
- Identifying the skills and competencies needed by professionals serving people with ASD and providing additional professional development opportunities
- Enhancing the capacity of schools to provide a full range of supports and services to meet the educational needs of students with ASD
- Enhancing supports for adults with ASD to live and work in their communities.

Highlights from SFY '09:

- The Department of Health has initiated a project to ensure that developmental screening, including specific screening for autism, is occurring in pediatric practices.
- DAIL convened a committee of clinicians to develop best practice guidelines for the diagnosis of ASD. Guidelines have been finalized.
- A Memorandum of Understanding outlining responsibilities for implementation of the autism plan has been signed by AHS and DOE.
- An advisory committee of parents and professionals was formed to provide ongoing advice on the implementation of the autism plan.
- AHS and DOE have sponsored a variety of trainings in ASD.
- The Division of Vocational Rehabilitation has sponsored two pilot projects to explore additional models for supporting adults with autism to work.

Offender Services

DDAS coordinates statewide supports for offenders with developmental disabilities through a variety of activities. The focus of offender services is to keep the community and past victims safe while providing treatment and supervision to offenders with developmental disabilities.

Services Include:

- Liaison with courts, Department of Corrections, families and agencies when individuals with disabilities are going through the criminal justice system.
- Referral and program development to meet the needs of community safety while providing supervision and treatment to offenders.
- Supervision of offenders committed to the Commissioner of DAIL under Act 248.
- Ongoing training and support of case managers and direct support staff who work with offenders through monthly meetings of the Sex Offender Discussion Group.
- Investigation and research on best practices for supervision of sex offenders.

Vermonters Served: (SFY '09) 195 individuals (approximately) who have committed serious offenses which are against the law in Vermont.

Highlights from FY '09:

- In an effort to broaden public safety, DAIL's community notification policy for sex offenders was revised. In May 2009, the *Community Safety Procedures for Sex Offenders with Developmental Disabilities* replaced the former policy. These procedures require developmental disability services agencies to develop a Community Safety Plan, in consultation with DAIL's Public Safety Specialist, for each high risk sex offender with developmental disabilities. The Community Safety Plan addresses factors such as community notification, level and type of supervision, and travel restrictions.
- In response to a request from two legislators, DAIL convened a study group in September 2009 to examine issues around offenders with developmental disabilities. The study group consists of representatives from the Department of Corrections, Department for Children and Families, Vermont Disability Law Project, Office of the Defender General, Office of the Attorney General, and developmental disability services providers. The study group will present a written report with recommendations in January 2010.

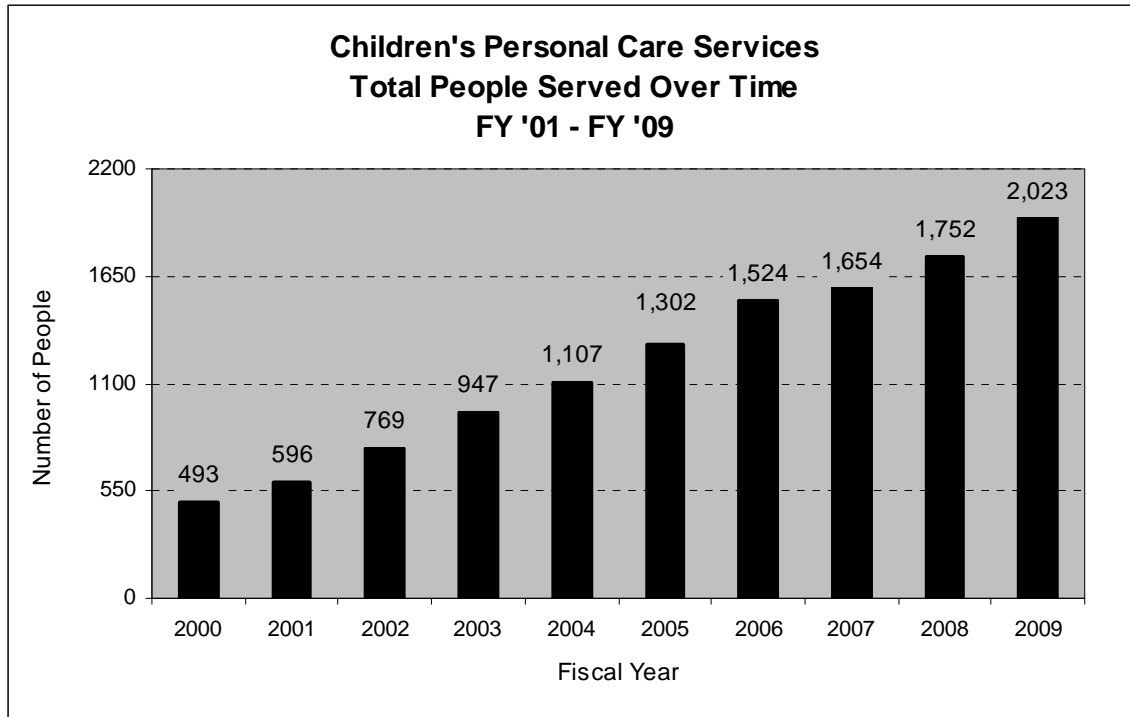
Children's Personal Care Services

Children's Personal Care Services (CPCS) is a Medicaid service designed to help families with the extra care needs of children under the age of 21 who are eligible for Medicaid and have a significant disability or health condition which impacts care-giving needs or the development of self-care skills. This support is meant to supplement, not replace, parental roles. Hours of support may be scheduled flexibly and may be provided in a variety of settings.

Vermonters Served: (SFY '09) 2,252 children approved for services; 2,023 individuals received services

Highlight from SFY '09:

- “Children’s Creative Connection” (C3) has 119 active participants. The premise of this pilot is that, when parents are given greater flexibility on how funding may be spent, this approach can break down barriers to services and allow access to a wider array of services to assist in a child’s self-care skill development. Anecdotal feedback from participants’ families has been overwhelmingly favorable. The pilot is currently closed and next steps are data analysis and then presentation to AHS Central Office to determine feasibility for statewide implementation.



Flexible Family Funding

The Flexible Family Funding (FFF) program acknowledges that families, as caregivers, offer the most natural and nurturing home for children and many adults with developmental disabilities. Individuals and the public benefit when families provide care by avoiding more intensive and costly out-of-home services. Funds provided may be used at the discretion of the family for services and supports that benefit the individual and family, such as family respite, assistive technology and purchasing individual and household needs (e.g. clothing, heating, rent). Individuals receiving home and community based services are not eligible for Flexible Family Funding.

Vermonters Served: (SFY '09) 1,033 people

- People of any age who have a developmental disability and live with family.
- Families who live with and support a family member with a developmental disability and are income eligible.

Highlights from SFY '09:

- The base amount of Flexible Family Funding decreased from \$1,300 to \$1,000 due to budget reductions.

- The sliding scale used to determine the amount of Flexible Family Funding for which a family is eligible was adjusted.

Green Mountain Self-Advocates

Green Mountain Self-Advocates (GMSA) is a statewide network supporting 18 local self-advocacy groups. GMSA reduces the isolation of people with developmental disabilities and increase their abilities and opportunities to speak up and take greater control over their own lives. GMSA has found that information, peer support, independent living resources, and shared advocacy help individuals transform their ability to reach personal goals and their sense of themselves as both participants and contributors to society. GMSA recruits, trains, and supports people with developmental disabilities who mentor other more isolated individuals with developmental disabilities in order to help them change their lives and be part of the world around them. GMSA has developed a cadre of peer mentors with developmental disabilities who promote successful independent living, leadership development and increase public awareness about the contributions of people with disabilities.

Vermonters Served:

- People with developmental disabilities

Highlights from SFY '09:

- Organized Celebrating Sexuality, the second Vermont conference on issues of sexuality and relationships in the lives of youth and adults with developmental disabilities.
- Created a Think Tank supporting peer leaders to develop a policy and procedures on recognizing and responding to domestic and sexual violence. This groundbreaking initiative was featured by the US Office of Violence Against Women on a 90-minute national teleconference organized for GMSA leaders to present their model policy to disability and anti-violence programs.
- In response to President Obama's call on all citizens to serve, GMSA collected stories highlighting the ways people with developmental disabilities give back to their communities by helping their fellow citizens. These stories about Vermonters with developmental disabilities who contribute thousands of hours of community service each year were displayed at the Vermont State House during inauguration week.
- Provided accessible information to people with disabilities on registering to vote, locating non-biased information on candidates and making an informed decision.
- Peer leaders used the GMSA Transition Toolkit to mentor high school students struggling as they transition out of special education services into living in the "real world."
- The annual two-day Voices and Choices self-advocacy conference featured 18 workshops, by and for self-advocates, promoting the autonomy of people with developmental disabilities.

Clinical Services Unit Programs

802-241-3543

The Clinical Services Unit (CSU) works with people receiving long term care Medicaid in overseeing the appropriateness and quality of their medical care needs. To this end, an important task is identifying appropriate living situations for people with high medical needs. The CSU also provides clinical supervision for the nurses working across DAIL programs.

Highlights from SFY '09:

- Worked in collaboration with the Division of Licensing and Protection and Crescent Manor Nursing Home in Bennington to develop a specialty care unit for residents with Huntington's Disease. Previously, the care needs of Medicaid recipients who required nursing home level of care and had a diagnosis of Huntington's were almost entirely provided in out-of-state facilities. Now Vermont is able to offer this level of care. In SFY '09, four people with Huntington's Disease returned to Vermont from out-of-state living situations.
- Collaborated with the Department of Mental Health to develop placements for people with significant medical care needs as well as significant mental health needs. Many of these individuals have spent long periods of time in the Vermont State Hospital or in the psychiatric wards of regional hospitals.

High Technology Home Care

High Technology Home Care (HTHC) provides skilled nursing care to people of any age who are Medicaid-eligible and technology-dependent. Services includes coordinating treatments, medical supplies and sophisticated medical equipment. The goals are to support the transition from the hospital or other institutional care to the home and to prevent institutional placement.

Vermonters Served: (SFY '09) 84 people

- People who are Medicaid-eligible of any age who are dependent on medical technology to survive and who have chosen to live in a home-based setting.

Highlights from SFY '09:

- Ten (10) new participants were enrolled in FY '09. This was the same number as in FY '08.
- The HTHC program saw a significant increase in turnover (over 25%) of people served. Many individuals were successfully transitioned off the program as their health improved.
- There was an increase in people who spent brief periods of time (between one and six months) on the program for short term care needs.

Office of Public Guardian

802-241-2663

The Office of Public Guardian (OPG) provides guardianship and other court-ordered supervision when a person is unable to make basic life decisions and there are no friends or family to serve as guardian.

Services Include:

- Guardianship to adults with developmental disabilities (DD) and adults age 60 and over
- Representative payee services for governmental benefits for people under guardianship as well as an alternative to guardianship
- Case management supports where this service can provide a less restrictive alternative to guardianship
- Court-ordered evaluations for Probate and Family Court guardianship cases
- Public education on guardianship and alternatives to guardianship
- Recruiting and support for private guardians.

Vermonters Served: (SFY '09) 717 adults. As of 6/30/08, the OPG caseload was as follows:

- Guardianship (DD/Family Court) – 600
- Guardianship pending (Family Court) – 8
- Guardianship (60+/Probate Court) – 69
- Guardianship pending (Probate Court) – 1
- Act 248 and Order of Non-Hospitalization – 30
- Act 248 pending – 7
- Case Management – 10
- Representative Payee Services – 292.

Highlights from SFY '09:

- Completed program evaluation by the National Guardianship Association and implemented many of their recommendations.
- Contracted with a geriatric specialist to conduct a series of training sessions for evaluators who will do guardianship evaluations for people over age 60
- Lost a long-time public guardian to the Reduction in Force process
- Planned separation of responsibility for Act 248 supervision from guardianship responsibilities, moving Act 248 supervision to the Developmental Disabilities and Children's Services Unit in FY '10.

Special Initiatives

Vermont Aging & Disability Resource Connections

In October 2005, DAIL was awarded a three-year \$800,000 grant to establish Aging & Disability Resource Centers (ADRCs) in Vermont. Vermont opted to develop “virtual” ADRCs building upon existing agencies’ capacities to deliver quality and comprehensive Information, Referral and Assistance (IR&A) services.

While the project was initially designed to be limited to two pilot areas (the Champlain Valley and the Northeast Kingdom), the scope of the project expanded in 2009 to include the entire state. As a result, the vision of the ADRC changed so that people of any age, ability or income anywhere in the state will be able to turn to the ADRCs, as a seamless point of entry to programs and benefits, and a trusted source for information on a full range of long term care options.

As part of the change in vision, the participating ADRC core partner agencies now include Vermont 2-1-1, Northeast Kingdom Area Agency on Aging, HowardCenter, Champlain Valley Agency on Aging, Vermont Family Network, Vermont Center for Independent Living, the Brain Injury Association of Vermont, Central Vermont Council on Aging, Southwestern Vermont Council on Aging and Council on Aging of Southeastern Vermont. Several of the developmental services agencies determined that they could not fully participate in the project and the Vermont Family Network offered to serve as the point of contact for several developmental service agencies, for consumers seeking information about the services and assistance available for individuals with developmental disabilities.

Highlights from FY ‘09:

- Finalized the membership and structure of the ADRC core leadership group and developed a Memorandum of Understanding where the ten Core Team members agreed:
 - On the structure and purposes of the ADRC partnership;
 - to provide financial and organizational support for purchase, maintenance and operations of the Refer software, including funding a position for staff technical support; and
 - to plan together to develop a sustainability plan for the ADRC.
- Sponsored agency cross-trainings on topics such as dementia-related illnesses.
- Developed contracts for and implemented the Refer software across the ten agencies. This allows agencies both to organize and update their own resource information in a centralized location and allows that information to be shared among the partners. Further, it allows agencies to easily track who is contacting them for information and what information they are seeking.

Traumatic Brain Injury (TBI) Partnership Grant

This was the third year of a three-year \$355,800 TBI Partnership Grant awarded to DAIL from the Health Resources Service Administration. The main goal of this grant is to develop and implement a Neuro-Resource Facilitation System (NRFS) for returning veterans with brain injuries. NRFS is an approach that will help veterans with TBI and PTSD, and their families access information, community resources and benefits.

Objectives Include:

- Hiring and training a Neuro-Resource Facilitator
- Collaborating and establishing partnerships with the Veteran's Administration (VA) in White River Junction, the Vermont Military Family Community Network and the State Office of Veteran's Affairs
- Subcontracting with the Brain Injury Association-VT (BIA-VT) and Brain Injury Association-NH to increase the capacity of the existing network and establish protocols and systems.

Highlights from FY '09:

- Supported efforts to increase the capacity of the BIA-VT by initiating contracts to hire two Neuro-Resource Facilitators, one Neuro-Resource Job Developer and a full time Information and Referral Specialist.
- Received Earmark funding through Senator Leahy's Office to expand neuro-resource services statewide.
- Implemented contracts to distribute TBI funds appropriated by the Vermont Legislature.
- Strengthened collaboration with the VA in White River Junction, the Vermont Military Family Community Network and the State Office of Veteran's Affairs.

Nursing Home Diversion Grant

The Nursing Home Diversion Project (NHDP) began in May 2008. Vermont was one of twelve states selected by the federal Administration on Aging (AoA) and awarded demonstration project funding to pilot the NHDP. DDAS selected two Area Agencies on Aging, Central Vermont Council on Aging and Council on Aging for Southeastern Vermont, to deliver NHDP services in five Vermont counties. The NHDP budget includes the demonstration grant funding, AAA Title III Older Americans Act funding and local match contributed by the two AAAs responsible for local project implementation.

The project's primary goal is to provide individualized services to approximately 200 older individuals, thereby preventing unnecessary or premature admission to a nursing home. Recipients must be 60 years of age or older, ineligible for Long Term Care Medicaid, and at high risk for nursing home admission due to medical needs, chronic conditions and/or a diagnosis of Alzheimer's Disease or a related dementia. The NHDP project has provided a range of individualized services and supports to participating older Vermonters and their families, including: home modifications, personal care, home care assistance, hospice services

and caregiver respite. It is expected that one-third of NHDP enrollees will have a diagnosis of Alzheimer's disease or a related dementia. The project allows for participating agencies to creatively provide a range of individualized services and supports to participating elders and their families, including: home modifications, personal care, home care assistance, hospice services and caregiver respite.

Highlights from FY '09:

- The Lewin Group and Penn State University provided training for case managers about consumer direction.
- Provided training for case managers about Options Counseling, in coordination with New Hampshire and featuring staff from the Wisconsin ADRC.
- Provided direct services to 190 consumers in the two regions. These services were all aimed at maintaining the independence of seniors, such as paying a caregiver a few hours per week, purchasing a rolling walker and assisting with insulation for a home.
- Began a quality evaluation to ensure that service recipients were both eligible and received appropriate services.

Direct Care Worker Registry

In its 2007 session, the Vermont Legislature appropriated \$60,000 to start a Direct Care Worker Registry. Rewarding Work, the organization contracted to develop the registry, operates Direct Care Worker Registries in four other states, including the three southern New England states. The Registry started in Fall '08. By the end of June '09, over 600 workers and nearly 300 employers from all over the state had signed up to use the Registry.

Highlights from FY '09:

- Introduced the registry at a series of events around the state.
- Current recipients of consumer-directed long-term care services and their employees were informed of the Registry through a series of mailings.
- Ran a public service announcement about the Registry on television stations across the state.
- Rewarding Work gave a series of six trainings to provider staff about the Registry.

Licensing and Protection

802-241-2345 (voice) 802-241-2358 (tty)
www.dail.state.vt.us/lp

The mission of the Division of Licensing and Protection (DLP) is to ensure quality of care and quality of life to individuals receiving health care services from licensed or certified health care providers, through the Survey and Certification program and to protect vulnerable adults from abuse, neglect and exploitation, through the Adult Protective Services program (APS). A separate report outlining the work of APS has been prepared and will be posted on the DAIL website.

Survey and Certification Program:

DLP provides regulatory oversight of health care facilities and agencies under state and federal regulations. DLP accomplishes this by conducting unannounced onsite visits both routinely and as a result of complaints received. Providers receiving regulatory oversight and/or periodic review include: Nursing Facilities (NF), Residential Care Homes (RCH) Therapeutic Care Residences (TCR), Home Health Agencies, Hospice Programs, Renal Dialysis Units, Ambulatory Surgical Centers, Rural Health Clinics, Acute Care Hospitals, Critical Access Hospitals, Portable X-ray Units, Clinical Laboratories and Rehabilitation or Psychiatric Units.

The purpose of onsite surveys is to evaluate provider performance and consumer satisfaction with the care and services. Surveys consist of onsite reviews of care and services, including resident and staff interviews, record reviews and observations. Most health and residential facilities are surveyed on at least an annual basis. Onsite visits, whether for a full review of the range and scope of services or for a complaint investigation, are unannounced and are conducted by registered nurses who have had extensive state and federal training. In the case of nursing facilities, nurse surveyors are required to have successfully passed an exam conducted by the Centers for Medicare and Medicaid Services (CMS) prior to surveying independently. Onsite visits range in scope from one day focused reviews conducted by one person to three to four day comprehensive reviews conducted by a team of nurse surveyors. All onsite visits are followed by a written report to the facility. Reports regarding regulatory violations resulting from routine reviews and complaint investigations are public information and can be obtained by calling 802-241-2345 or consulting the DAIL web page, www.dail.vermont.gov.

All nursing facilities participating in Medicare/Medicaid programs (40) are surveyed annually within a 9 to 15 month window, in accordance with CMS requirements. These surveys represent the majority of Federal recertification surveys scheduled and completed this past year. Compliance with state licensing requirements is determined concurrently during the recertification survey. Thirty-eight (38) recertification/licensing surveys were

conducted in SFY09. Additional recertification surveys, which do not require annual surveys, included ten hospitals: one validation survey, conducted at an acute care hospital at the direction of CMS; four acute care hospitals required full surveys following complaint investigations resulting in noncompliance with federal Conditions of Participation; four scheduled recertification surveys of critical access hospitals and one scheduled recertification of an acute care hospital. Recertification surveys were also conducted at four home health agencies; three hospice providers; four End Stage Renal Disease Dialysis (ESRD) facilities; one Intermediate Care Facility for the Mentally Retarded (ICF/MR); and five Rural Health Clinics (RHC). Except for the ICF/MR and the RHCs, surveys are conducted over a three to four day period by teams of three to five nurse surveyors, depending on the licensed capacity and/or physical size of the facility.

Quality Indicator Surveys

CMS is currently implementing the new Quality Indicator Survey (QIS) nationwide. The QIS is a computer assisted long-term care survey process to determine if nursing homes meet the federal requirements for Medicare and Medicaid. In SFY09, DLP initiated the QIS in Vermont and within a few months all nursing homes will be surveyed using this new protocol.

Home Health Designation and Operating Rules, which went into effect July 1, 2007, established minimum State requirements for the 12 home health agencies serving consumers throughout Vermont. Each home health agency is required to be surveyed annually for compliance with the Designation Rules. Prior to the adoption of these regulations, agencies were surveyed every three years, on average, according to a schedule determined by CMS. Although there are similarities between the two sets of regulations, the Designation rules are more stringent regarding appeal processes available to consumers seeking services. State designation surveys were conducted at ten home health agencies in SFY 09.

Other state licensed providers include Residential Care Homes (RCH), Therapeutic Community Residences (TCR) and Assisted Living Residences (ALR). Residential Care Homes number 110 (103 Level III; 7 Level IV) providing a total of 2,352 beds. Eighty-nine Level III homes participate in the Assistive Community Care Services (ACCS) program, a Medicaid program. Of those homes, fifty-eight (58) also participate in the Enhanced Residential Care (ERC) program providing care and services to individuals who meet criteria for admission to a nursing facility under the Choices for Care waiver. There are thirty-five (35) TCRs with a total of 398 beds. There are eight (8) Assisted Living Residences that include 328 units with 405 beds. Refer to Table.

2009		
Type	# Facilities/Agencies	# beds/stations/units
Federal Certification		
Nursing Home	40	3344*
Critical Access Hospital	8	405 Licensed beds**
Acute Care Hospital	6	1142 beds/129 bassinets
Psychiatric Hospital	1	149 beds
Home Health	12	N/A
Hospice Programs	10	N/A
ICF/MR	1	6 beds
Rural Health Clinic	17	N/A
Portable X-Ray	2	N/A
VA Hospital***	1	60
State		
RCH	110	2352 beds
Level III	103	2287 beds
Level IV	7	65 beds
TCR	35	398
ALR	8	328 units/405 beds
Psychiatric Hospital	1	54
Nursing Home	2	26

*Total Nursing Home beds as of 6/30/2009

**Within licensed bed capacity, each Critical Access Hospital is limited to 25 certified beds

***DLP has no regulatory authority over the Veterans Administration Hospital

Investigation of complaints in licensed and/or certified facilities continues to consume a considerable amount of surveyor and support services time. There was a 13.1% increase in the overall number of reports expressing concern about the quality of care and services across all certified and licensed facilities/agencies. A total of 835 complaints were received by DLP in state fiscal year 2009, compared to 738 in SFY 2008. Of that number, provider self reports, numbering 459, account for 55% of the total received with the remainder coming from a variety of sources including the community, patients/residents of health care facilities/agencies or their families or staff of facilities/agencies. A total of 449 (54%) complaints, representing 136 facilities, warranted onsite investigation by DLP; an increase of 15% over SFY 2008. In some instances, multiple complaints were addressed during one onsite visit. The greatest increases in the number of complaints about care and services continue to be received about hospitals (135 in 2009 vs. 105 in 2008; a 29% increase). Complaints about home health agencies rose 17% (75 in 2009 vs 64 in 2008) and complaints about nursing homes rose 11% (455 in 2009 vs 411 in 2008).

	# of Recerts/Initials completed in SFY09	# of Complaints Received in SFY09	# of Complaints Received in SFY09 that require onsite	# of Complaint onsites conducted in SFY09***	# of Providers where onsite were conducted	# of State HHA Designation Surveys
Nursing Home	38	455	248	172	40	N/A
Hospital	5	135	63	37	12	N/A
Home Health	4	75	41	21	11	10
Hospice	3	5	4	3	5	N/A
ESRD	4	2	2	1	4	N/A
ICF/MR	1	1	1	1	1	N/A
Rural Health Clinics	5	1	1	1	6	N/A
Portable X-Ray	0	0	0	0	0	N/A
subtotal fed providers	60	674	360	236	79	10
RCH	10	137	80	53	44	N/A
TCR	4	13	6	7	7	N/A
ALR	0	11	3	4	4	N/A
State Licensed Nursing Homes	3	0	0	0	2	N/A
subtotal state providers	17	161	89	64	57	
Grand Total	77	835	449	300	136	
Excludes VSH 74 complaints						
***Onsite complaint visits may be from complaints received prior to State Fiscal Year 09						
	# of Recerts/Initials completed in SFY08	# of Complaints Received in SFY08	# of Complaints Received in SFY08 that require onsite	# of Complaint onsites conducted in SFY08***	# of Providers where onsite were conducted	# of State HHA Designation Surveys
Nursing Home	37	411	212	130	35	N/A
Hospital	4	105	51	37	14	N/A
Home Health	6	64	35	32	12	9
Hospice	2	5	1	2	2	N/A
ESRD	1	0	0	0	0	N/A
ICF/MR	1	1	1	1	1	N/A
Rural Health Clinics	2	0	0	0	0	N/A
Portable X-Ray	0	0	0	0	0	N/A
subtotal fed providers	53	586	300	202	64	9
						N/A
RCH	14	126	78	51	40	N/A
TCR	1	11	6	6	4	N/A
ALR	0	13	5	2	2	N/A
State Licensed Nursing Homes	0	2	2	0	0	
subtotal state providers	15	152	91	59	46	
Grand Total	68	738	391	261	110	
Excludes VSH 129 complaints						
***Onsite complaint visits may be from complaints received prior to State Fiscal Year 08						

All 17 nurse surveyor positions were filled at the time this report was written (12/09) and all but three newly hired nurse surveyors have passed the federal exam qualifying each to survey independently in Medicare/Medicaid certified facilities. It is anticipated that the three new nurse surveyors will pass the federal exam and be fully qualified by the summer of 2010. In an effort to decrease travel time and expenses, the nurse surveyors were moved to home-based offices in the fall of 2008.

DLP continues to work collaboratively with the Northeast Quality Foundation, the quality improvement organization for Northern New England States and with representatives from nursing facilities and home health agencies to identify and implement standards of practice known to improve quality. CMS continued its focus on restraint use reduction and pressure sore reduction in 2009. Additional quality measures for nursing facilities and home health agencies are public information and can be found on the Centers for Medicare and Medicaid Services website, <http://cms.hhs.gov>.

ADULT PROTECTIVE SERVICES

Introduction

Adult Protective Services (APS) is a cornerstone of Vermont's system for protecting vulnerable adults from abuse, neglect and/or exploitation. APS is a unit in the Division of Licensing and Protection (DLP) within the Department of Disabilities, Aging and Independent Living (DAIL). The investigative and protection activities of APS are governed by Chapter 69 of Title 33 of the Vermont Statutes Annotated and include a variety of services to investigate reports of abuse, neglect or exploitation, address identified problems or prevent further abuse from occurring.

The goals of APS are to promptly and thoroughly investigate allegations of abuse, neglect and exploitation, to increase awareness of adult abuse in all of its forms, to provide information about alternatives and services for vulnerable adults who are the victim of abuse and to increase the reporting of suspected abuse. In conducting investigations and arranging protective services, APS makes every effort to respect the wishes of the vulnerable adult. This report includes recent data about APS investigations of abuse, neglect and exploitation along with associated budget information.

General Information

During the State Fiscal Year 2009 (SFY09) the APS Unit operated on a general fund allocation of \$782,501. The APS Unit has a dedicated staff of 10 employees: one Program Chief, seven Field Investigators, one full time office-based Investigative Screener and one full time Intake Technician, who is the first person to receive a complaint via the 24 hour toll-free abuse reporting telephone line, fax, or by an online reporting form sent electronically. The Intake Technician collects pertinent information on the complaint, enters

it into the appropriate data base, and channels the information to either the Licensed Nurse Surveyor Screener who handles facility/agency complaints or to the APS Investigative Screener who handles complaints related to the general public.

Reporting

Reports can be made to APS in a variety of ways. One of the easiest ways to report suspected abuse, neglect or exploitation is by calling the Division of Licensing and Protection's reporting and complaint toll-free number at 1-800-564-1612. The toll free line is answered twenty-four hours a day, seven days a week. APS staff answers the phone during normal business hours, between 7:45 a.m. and 4:30 p.m. After hours, weekends and holidays, the caller is directed to call the Emergency Services Program (ESP), which is a 24-hour abuse-reporting unit within the AHS Department for Children and Families (DCF). If determined to be necessary, ESP will provide referral information to the appropriate emergency services and then forward a written report to APS on the next business day. Written reports, including those sent by fax, can be submitted in lieu of, or in addition to, telephone reports. Reports also can be submitted by TTY or by using the Department's web page, located at www.dail.state.vt.us/lp/aps.htm.

When the Investigative Screener, in conjunction with the APS Chief, makes the decision to open a case for investigation, the investigation commences within 48 hours of receiving the report. The Investigative Screener prioritizes all calls, identifies risks and responds accordingly by notifying law enforcement and/or other emergency response services if appropriate, and by assigning an APS Investigator to examine the allegations. Typically the first contact is made to the reporter by telephone.

If a reported allegation or incident does not meet the definition of abuse or vulnerable adult as set forth in Title 33 V.S.A. § 6902, the intake information is referred to the service agency appropriate to the individual's age and/or disability for review and intervention. A letter is sent to both the reporter and the alleged victim informing them of the decision to open, or not to open, an investigation and the reasons why. The letter also tells the reporter and the alleged victim that if either or both disagree with the APS decision a review of the decision by the Commissioner of the DAIL may be requested.

Investigation Process

Reports of abuse, neglect and exploitation are received by an Intake Specialist and then forwarded to an Investigative Screener. Allegations of abuse, neglect and exploitation must meet the criteria for investigation. In order for an APS investigation to commence, the alleged victim must be a vulnerable adult as defined in Title 33 V. S. A. §6902 (14), and the alleged incident must meet the definition of abuse, neglect or exploitation set forth in Title 33 V. S. A. § 6902 (1), (6) or (7).

Investigations are assigned to one of seven APS field investigators based on the following considerations: the geographical location of the alleged victim, the availability of staff, the

current investigative caseload assignments and/or the special needs of the case. Due to the increasing numbers of cases and severity of the allegations, overlap of territories has become necessary. The APS investigators gather information about a reported incident by interviewing witnesses, including the reporter if applicable, reviewing relevant documents and collecting other pertinent information. At the same time, the investigators coordinate services necessary to develop a protection plan for the vulnerable adult and referrals are made to the appropriate agencies to address specific needs of the individual. At the conclusion of the investigation, the APS investigator submits an investigative report describing the investigation and the evidence gathered. If DLP decides to recommend substantiation, the individual is informed by registered letter of the basis for the substantiation and information on how to appeal the decision. The first opportunity to appeal is made to the Commissioner of DAIL. If the Commissioner decides to uphold the substantiation, the individual is informed in writing of the result and is told how to appeal to the Human Service Board. If the Human Service Board upholds the substantiation, the individual's name is then placed on the APS Abuse Registry. To have a name expunged from the APS Abuse Registry, an individual is required to send the Commissioner of DAIL a letter requesting an expungement hearing. Following the hearing, the Commissioner decides whether the name should be removed from the APS Abuse Registry and the individual receives a decision letter from the Commissioner.

Protective Services Process

During the course of an investigation the investigator is also responsible for determining whether the victim is in need of protective services. One of the most important goals of the APS investigation is the protection of vulnerable adults who are at risk of abuse, neglect or exploitation. APS does not provide direct care or services to individuals, nor does it provide on-going case management. To accomplish the goal of protection for the vulnerable person APS relies on other service providers and agencies, including the Area Agencies on Aging (AAA), the Home Health Agencies, the Department of Mental Health, local mental health and developmental services agencies, the Vermont Center for Independent Living, Disability Rights Vermont (formerly known as Vermont Protection and Advocacy), local and state police, the DAIL Office of Public Guardian and the various court systems. Working collaboratively with staff from these agencies, with the consent of the victim, APS is able to develop plans for protection to prevent further abuse of the victim. See Table for referral information. Much of this work is reflected in the technical assistance data records.

Adult Protective Services 2009 Data Report

During the SFY 2009, the APS unit received 2,452 unduplicated reports from 2,957 reporters. Embedded in those reports were 3,518 separate allegations of abuse, neglect or exploitation. 1,456 reports were closed during the screening process. 697 of those reports did not meet the statutory definition of abuse, neglect, or exploitation and 230 were closed because the information received was too insufficient to proceed. In 183 cases APS determined that the individual was not considered vulnerable under the Title 33 definitions and identified an additional reason for the decision. APS data identified 132 cases that were

closed solely because they did not meet the Title 33 definition of a vulnerable adult. 394 cases were closed and referred to another resource such as Legal Aid. Investigators were assigned to, and conducted, 996 investigations which included 108 self-neglect cases of vulnerable individuals less than 60 years of age.³ APS referred 175 cases of self neglect over 60 years old to the various AAAs throughout Vermont.

APS recommended substantiations of 165 allegations against 82 perpetrators. As a result 80 new names were added to the APS abuse registry as of the date of this report's data collection. Presently there are 124 unresolved APS cases. (See attached tables).

Licensed Facilities and Title 33

The Division of Licensing and Protection also receives reports about Title 33 issues that involve licensed or certified facilities including hospitals, nursing homes and residential care homes. There were 761 reports which included 976 reported allegations of deficient practice in the areas of abuse, neglect or exploitation of vulnerable adults in facilities. Of the 976 reported allegations, APS staff substantiated 69 of the allegations of deficient practice in the area of abuse, neglect or exploitation. Twenty seven cases were unresolved at the time of the data gathering for this report. Allegations against 37 individuals were substantiated under Title 33 as the result of these facility-based allegations.

Referrals

When APS receives a report that requires the involvement of another agency a referral is sent to the appropriate agency by a telephone call or by a fax. Such agencies might include the Medicaid Fraud and Residential Abuse Unit (MFRAU) of the Attorney Generals Office, the Office of Public Guardian (OPG), law enforcement agencies, Disability Rights Vermont, Area Agency on Aging (AAA), human services, health care and case management agencies, the DLP Survey and Certification Program and the Office of Professional Regulations (OPR).

Over the past year APS referred 174 reports to MFRAU and notified OPR about abuse, neglect or exploitation complaints involving licensed care providers. This year APS referred 4 cases to the OPR. APS also refers some cases to law enforcement agencies for investigation and possible prosecution. This year APS referred 101 cases to law enforcement agencies. APS referred 220 cases to the DLP Survey and Certification Program and 190 self neglect cases of vulnerable adults age 60 and over to the AAAs. (See attached tables).

Referrals were made to other services providers including three to the Division of Vocational Rehabilitation, five to the Battered Women's Network, 131 to home health agencies, 113 to mental health agencies, seven to Vermont Center for Independent Living,

³ Self-neglect cases for Vermonters age 60 and over are referred to the regional Area Agency on Aging.

70 to the Choices for Care Waiver, 20 for legal assistance, 26 to assistance for guardianship, five for restraining orders and 233 for technical assistance for prevention.

Registry Checks

The Adult Abuse Registry is maintained by APS. All employers of persons providing direct care to a vulnerable adult may obtain information about whether an individual's name is on the Adult Abuse Registry by making a written request, with the consent of the applicant or employee. The Adult Abuse Registry can be checked for either prospective or current employees and for either volunteer or paid employees. Licensed and certified health care providers are prohibited by regulation from hiring direct care workers whose names appear on the Registry. Currently there are 1,023 names on the registry, the first dating back to 1993.

In complying with the recently enacted Act 1 APS, in conjunction with the Department for Children and Families (DCF), developed an online screening system, know as the ABC system, to streamline background registry checks against the Vermont Adult Abuse and Child Protection Registries. As of 12/23/09 the new online screening system has done 5,439 registry checks, which continue to increase in number on a daily basis. APS has also begun enrolling service providers entitled to this information under Title 33, such as nursing homes and residential homes, to the online screening system.

Community Education

The APS staff is involved with ongoing activities to increase public awareness of abuse, including what to watch for and what to report. In addition, these education programs are geared toward increasing awareness of problems that vulnerable adults face and providing training in abuse prevention efforts. APS continues to use a PowerPoint presentation, developed in 2007, as a teaching tool. The presentation was given to 27 educational programs for over 627 people this fiscal year. These audiences included individuals from citizen groups, colleges, nursing homes, hospitals, mental health agencies, Home Health Agencies, Area Agencies on Aging, residential care homes, Adult Day programs, transportation companies responsible for transporting vulnerable adults and law enforcement agencies including presenting at the Vermont State Police Academy.

Along with the PowerPoint presentation, in May of this year APS developed a layperson's handbook entitled ***Raising Awareness - A Guide to Recognizing and Reporting Abuse, Neglect and Exploitation of Vulnerable Adults***. The handbook has received great reviews from several different agencies, service providers and laypersons. An electronic version of the handbook is located on DAIL's web page.

http://www.dail.state.vt.us/lp/New%20APS%20Pages/APS_Handbook.pdf

Abuse Prevention Initiatives

APS investigators have combined forces with MFRAU investigators to provide educational opportunities to Registered Nurses, Licensed Nursing Assistants, caregivers, adult day centers, residential care homes, transportation companies, home care providers, medical schools, and law enforcement agencies and to the general public on reporting, detection and prevention measures related to abuse, neglect and exploitation. Chapter 69 Title 33 of the Vermont State Statute is clearly identified throughout the content threaded with real examples cases and situations that have been investigated and applicable to the individual audience.

APS continues to attribute a portion of the rise in reported financial exploitation cases to the education programs and video production distribution efforts to identify, report, and prevent such cases provided to local banks. APS and MFRAU have worked together to investigate, and to bring action against, perpetrators of these offenses.

Intake Process

Reports of abuse, neglect and exploitation are received on a dedicated 24-hour toll free reporting line or via the APS web page or fax.

Screening Process

Investigation into the report begins within 48 hours. Additional information is gathered, related reports are consolidated and appropriate service referrals are made. Cases are assigned to a field investigator if they fall or might fall within statutory definitions. A letter is sent to the reporter indicating that an investigator has been assigned.

Report Closed

A report may be closed with supervisor's approval if it clearly does not fall within statutory definitions of Vulnerable Adult and Abuse, Neglect or Exploitation. Appropriate service referrals are made and a letter is then sent to reporter indicating the reason for closure.

Investigation

Interviews are conducted, records are reviewed and evidence is gathered relating to the allegation. Protective services are established as appropriate. A recommendation is made to substantiate or not substantiate the allegation. The Program Chief and/or the Division Director review all cases.

Case Closed

Investigative evidence does not support substantiation. Letters are sent to the reporter, the alleged victim and the alleged perpetrator.

Recommendation of Substantiation

The APS Chief and Division Director review all recommended substantiations. Written notification of the recommendation is sent to the alleged perpetrator with information about his/her right to appeal.

Adult Abuse Registry

If the perpetrator does not appeal within established statutory time limits written notification is sent and his/her name is added to the adult abuse registry. Letters are sent to the victim and reporter.

Adult Abuse Registry

If the decision is not appealed the perpetrator is sent written notification that his/her name has been added to the adult abuse registry. Letters are sent to the victim and reporter.

Commissioner's Review

The alleged perpetrator meets with the Commissioner and is notified in writing of the decision and his/her right of appeal.

Case Closed

The Commissioner does not substantiate the allegation, written notification is sent to the alleged perpetrator. Letters are sent to the victim and reporter.

Adult Abuse Registry

If the substantiation is upheld, the perpetrator is sent written notification that his/her name has been added to the adult abuse registry. Letters are sent to the victim and reporter.

Appeal to the Human Services Board

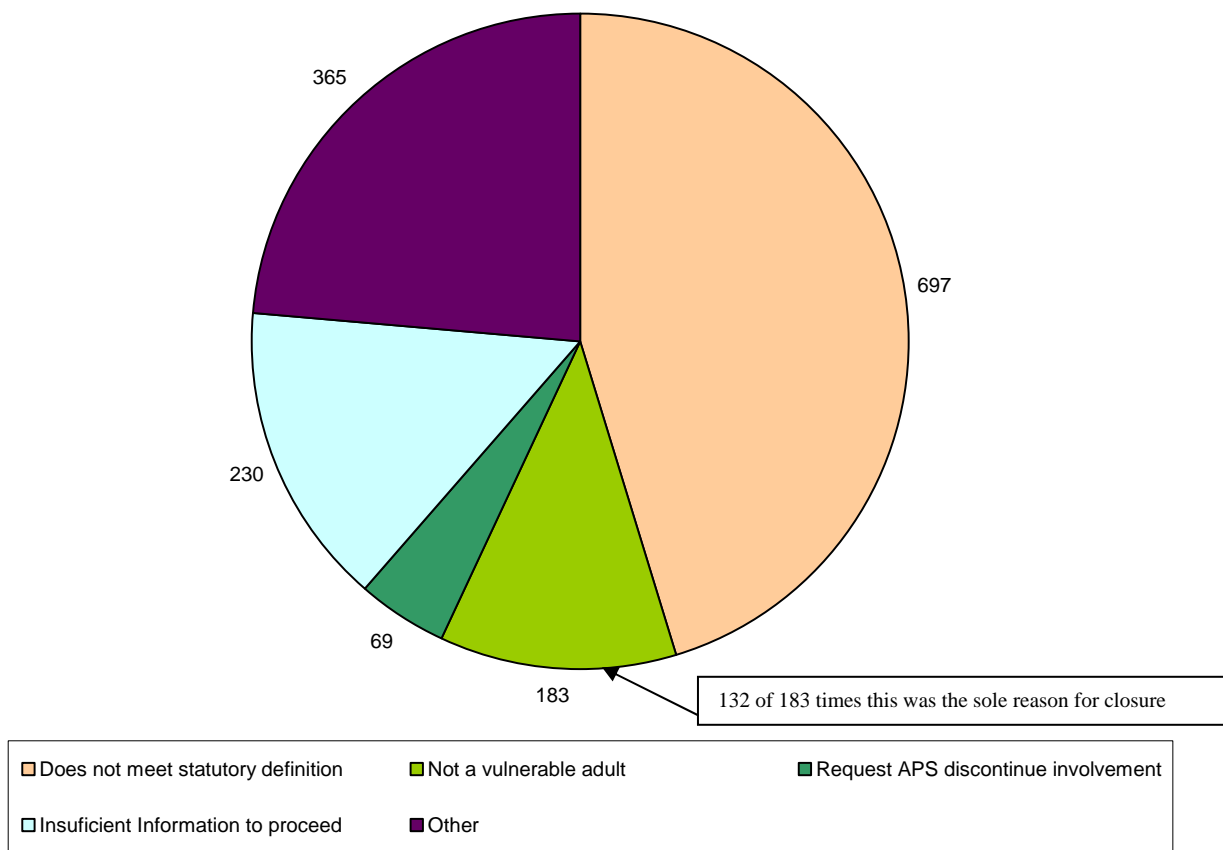
The alleged perpetrator has a right to a fair hearing with the Human Services Board. Either party may appeal the decision to the Vermont Supreme Court.

Case Closed

If the Board overturns substantiation, the alleged perpetrator is sent written notification. Letters are sent to the victim and reporter.

# of Reporters	2957
# of Reports	2452
# of Closed Screenings	1456
# of Assigned Investigations	996
# of Substantiated Perpetrators	82
# of Investigations Unresolved	124
# of Self Neglect Reports	303 (175 AAA, 108 APS)
# of Self Neglect Investigations Unresolved	3

Closed Screenings (1456)



* Some Closed Screenings had multiple reasons for closure

APS Report Allegations and Referrals SFY09

Allegations by Type of Abuse			
Type of Abuse	Number of Allegations contained in 2452 Reports	# Allegations contained in 996 Investigations	# of Allegations contained in 82 Substantiated Cases
Physical Abuse	651	338	43
Emotional Abuse	723	318	37
Sexual Abuse/Sexual Exploitation	158	76	4
Neglect	805	381	38
Financial Exploitation	856	518	43
Self Neglect	325	97	N/A
Totals	3518	1728	165

* Cases may have multiple allegations – 996 investigations includes 97 self neglect cases

Reports referred to Other Agencies (excluding 124 open Investigations)					
Total # CASES referred for investigation by Law Enforcement or Regulatory Review 394		# of CASES with Social or Protective Service Referrals 584		Total # CASES referred for investigation by Law Enforcement or Regulatory Review	
Attorney General/MFU	174	DAIL/Vocational Rehabilitation	3	Type of Assistance	
Police (State and Local)	101	Battered Women's Network	5	Referred for Legal Assistance	20
Vermont Protection & Advocacy	3	Home Health	131	Assist with Guardianship	26
Office of Professional Regulations	4	Mental Health	113	Assist with Restraining Orders	5
DLP Survey and Certification	220	Area Agency on Aging	190	Technical Assistance(Prevention)	233
		Vermont Center for Independent Living	7		
		Choices for Care	70		
# of Investigative REFERRALS made	502	# of Social Service REFERRALS made	519	# of Protective Service REFERRALS made	284

*Cases may have multiple referrals

Alleged Victim's Relationship to Reporter			
Types of Reporters	Reporters	Reporters in Investigations	Reporters in Substantiations
Non Family Community Members	493	267	27
Home Health Staff	259	116	5
AAA Staff	141	86	5
Ombudsman	4	1	0
MH Staff	215	93	6
Family/Relative	309	132	6
Nursing Home Staff	326	120	15
Hospital Staff	264	97	1
DD Staff	78	70	9
Victim Self Report	210	22	1
Friend/Neighbor	309	132	6
Other Medical Staff	37	20	0
Residential Care Home Staff	77	28	11
Police	42	23	2
Anonymous	143	57	1
Social Worker	0	0	0
Other	3	0	0
School Personnel	16	8	1
Bank/Financial Institution	10	3	3
Landlord	16	7	2
Women's Shelter	0	0	0
Parole, Probation	5	2	0
Total	2957	1284	101
Alleged Perpetrator's Relationship to Victim			
Type of Relationship	Type of Perpetrator for	Perpetrator in Investigations	Perpetrator in Substantiations
Family Members	835	506	26
Neighbor/Friend	252	125	6
Non-Family Caregiver	95	73	13
Developmental Home Provider	52	41	5
Nursing Home Staff	342	108	13
Mental Health/DD Employee	37	18	2
Other	295	62	3
Licensed Residential Home Staff	98	27	10
Payee/POA	4	0	0
Medicaid Waiver/ASP Caregiver	1	1	0
Business	0	0	0
Unknown	203	40	0
Landlord	25	8	0
Legal Guardian	21	19	2
HHA Staff	32	9	0
Hospital Staff	99	13	2
Fellow Resident/Patient	40	0	0
Self Neglect	325	97	0
AAA Staff	0	0	0
Total	2756	1147	82

Alleged Victim's Age Group			
	Victim's Age in Reports	Victim's Age in Investigations	Victim's Age in Substantiations
less than 18	0	0	0
18-34	285	136	14
35-54	388	171	13
55-64	300	124	6
65-74	257	117	8
75-84	453	215	17
85-94	360	164	19
95+	61	31	2
Missing Age Information	441	86	3
Total	2545	1044	82
Alleged Victim's Disability			
Type of Disability	Victim's Disability in Reports	Victims Disability in Investigations	Victims Disability in Substantiations
MR/DD	204	119	17
MI	381	138	4
MR/DD/MI	73	61	5
Physical	823	330	27
Other Disease	346	147	10
Dementia	352	184	17
Unknown	269	19	0
None	68	30	0
Missing Disability Information	29	16	2
Total	2545	1044	82
Alleged Victim's Living Arrangement			
Type of Living Arrangeme	Victim's Living Arrangement in Reports	Victim's Living Arrangement in Investigations	Victim's Living Arrangement in Substantiations
Own Home	1256	539	24
Boarding Home	21	21	1
Residential Care Home	179	61	19
Nursing Home	472	173	17
Hospital	101	11	1
Relative's Home	202	107	9
Homeless	44	21	0
TCR	4	1	0
Psychiatric Facility	5	1	0
Developmental Home	100	75	11
Other	146	26	0
Missing Living Arrangement	15	8	0
Total	2545	1044	82

SFY09 Facility/Agency Reports of Abuse, Neglect and Exploitation					
			Abuse	Neglect	Exploitation
# of Reports (976 allegations for 761 Reports)	761		472	350	154
# of Substantiated Allegations	69		30	21	18
# of Unsubstantiated Allegations	880		437	322	121
# Unresolved Allegations	27		5	7	15
Total	976		472	350	154
# of Perpetrator's substantiated under APS	37				
Facility Agency Allegations by Provider Type					
By Provider Category	Abuse	Neglect	Exploitation	Total	
NH	275	224	92	591	
Hosp	97	28	5	130	
RCH/TCR/AL/NH	90	97	57	244	
VSH	10	1	0	11	
Total by Provider	472	350	154	976	

Vocational Rehabilitation

802-241-2186 (voice) 802-241-1455 (tty)
www.vocrehab.vermont.gov

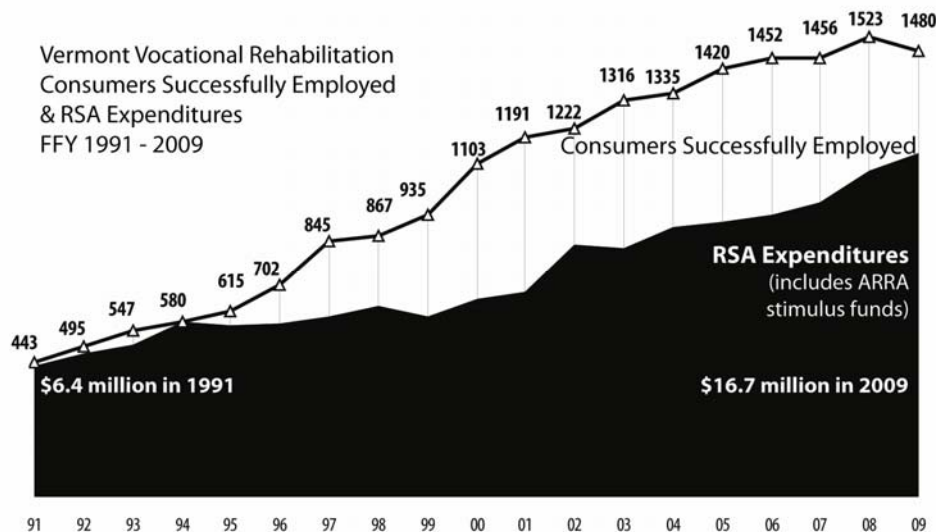
This was a challenging year for workers and employers nationwide. The economic recession created an especially difficult environment for the counselors and employment consultants in Vermont's Division of Vocational Rehabilitation (VR) to help their customers find and retain work. It was also a difficult period for state agencies, as revenue shortfalls necessitated staffing reductions in already lean operations.

Given the context, VR's successes this year are remarkable. Although the number of successful rehabilitations in FFY 2009 dipped—breaking a 17-year record of continuous growth—VR still exceeded its FFY 2007 rehabilitation count and served more customers than ever before—over 9,000 Vermonters with disabilities. With Vermont suffering an overall job loss in FFY 2009 of 3.5%, VR beat the odds by keeping its shortfall in successful employment outcomes to 2.8% below last year's count.

Vermonters Served: (FFY '09) 9,583 cases were open this year, involving 9,318 Vermonters with disabilities.

Highlights:

- VR had successful employment outcomes with 1,480 of the 2,433 individuals who closed their cases with VR in FFY 2009, after having developed a plan for employment.
- Vermont VR's rehabilitation rate dipped back from 67% in FFY 2008 to 61%, which is still above the 59% national rate. Economic factors were largely responsible for this, but loss of staff due to state budget rescissions also took its toll, resulting in even higher caseloads to manage.



Occupations and Average Hourly Earnings and Hours Per Week
Earned by VR Consumers Successfully Employed
FFY 2009

Occupations	Percent	Average Hourly Earnings	Hours per Week
Service	33.4%	\$9.67	24.0
Office Support	14.7%	\$9.96	22.9
Professional and Technical	14.6%	\$13.81	27.3
<i>Science and Engineering</i>		\$18.80	31.5
<i>Law and Healthcare Practitioners</i>		\$13.31	31.5
<i>Arts, Education, Human Services & Healthcare Support</i>		\$13.16	24.0
Sales	9.5%	\$9.47	25.6
Transportation and Material Moving	7.4%	\$10.41	28.4
Production	5.9%	\$10.34	29.3
Management, Business and Finance	5.5%	\$13.66	39.4
Construction and Extraction	3.2%	\$12.93	35.8
Installation, Maintenance and Repair	2.6%	\$11.61	31.3
Farming, Fishing and Forestry	2.0%	\$9.70	30.4

Fueled by ARRA to Fuel the Recovery

While staff reductions enlarged caseloads and reduced administrative support for VR's front-line staff, the American Recovery and Reinvestment Act (ARRA) brought hope and exciting new possibilities. The infusion of ARRA funds in the latter half of FFY 2009 allowed VR to expand access to paid services and supports for consumers and employers to get and keep jobs—an exact match with the intended purpose of the ARRA stimulus funding.

VR targeted its \$1.6 million in ARRA funds directly to supporting consumers and business, rather than building infrastructure or staff capacity. As VR developed a plan for spending ARRA funds, it sought ways to:

- Help VR consumers become employed or maintain employment;
- Engage employers in a highly competitive and dwindling job market;
- Get resources out into the community as quickly as possible; and
- Demonstrate results in a short period of time.

Fortunately, VR was equipped to move quickly and effectively to implement a plan that met all these requirements. This was largely thanks to its dual customer focus embracing the interests of both consumers and employers, and the resulting service innovations VR has developed over the past few years—primarily the enhancement of job placement and support services and the creation of Alternative Placement Funds. By the time VR received permission to spend the ARRA money from the Governor's Office on May 26th; VR staff already had the systems and training in place to start the money flowing to local businesses, employers, and consumers.

Distribution of
VR Purchased Case Services
FFY 2009

Service Category	Expenditures	% of Total	% from ARRA
Vocational assessment (purchased only)	\$397,597	7%	1%
Physical and mental restoration	\$187,113	3%	11%
Post-secondary education	\$310,111	5%	1%
Other training and education	\$1,775,351	31%	4%
Job placement (purchased only)	\$618,981	11%	0%
Assistance with living expenses	\$126,873	2%	12%
Transportation	\$659,910	12%	10%
Specialized services	\$10,550	0%	3%
All other services	\$1,592,101	28%	4%
This category includes assistive technology; home or worksite modifications; job search assistance; work incentive allowances or stipends; tools, equipment and occupational licenses; etc.			

Alternative Placements

The majority of ARRA funds (\$450,000) are being devoted to expanding the use of Alternative Placements such as work trials, internships, on-the-job trainings, temp-to-hire placements, and other options that help workers gain experience and an introduction to local employers while letting employers test out workers with disabilities in a “low-risk” environment.

Short-Term Training

Another focus for ARRA funds (\$150,000) is supporting training

programs that can lead directly to employment and last no more than six months. Common among these have been programs resulting in a Commercial Driver’s License (CDL) or a Licensed Nursing Assistant (LNA) certificate, and training for mechanics and weatherization installers.

Workplace Supports

VR has limited case service funds to support the myriad needs of our customers as they begin new jobs. ARRA funds (\$350,000) have allowed VR to extend more support than the case services budget typically allows to help these new workers stabilize in their jobs—clothes, transportation, tools and equipment, hearing aids, assistive technology, interpreters and a host of other items. Nearly all of these funds are spent with community businesses, thus helping to stimulate the local economy as well.

Car Coach

Lack of reliable transportation is a huge barrier to employment for VR consumers. In consequence, transportation is a major expense for VR as it pays for repairs, tires, insurance and bus and taxi fares, often in crisis situations. Adopting a successful model piloted with Reach-Up participants, VR is using \$200,000 of ARRA funds to contract for a “Car Coach” to provide hands-on help to consumers to purchase reliable cars instead of pouring more VR money into “clunkers”. The Car Coach works with consumers to assess vehicle needs and educate them on credit, loans, budgeting, and car maintenance. If the consumer is working and can afford loan and maintenance costs, the Car Coach will negotiate with car dealers and help arrange the loan. VR in turn pays up to \$1,600 of the loan down payment with the ARRA funds.

Special Projects and Employer Outreach

The remaining \$450,000 of VR's ARRA funds has been allocated to support special projects: \$50,000 to each of VR's six regions for initiatives which the regions have designed to meet local needs; \$110,000 for projects involving our Supported Employment providers in the Designated Agencies; and the remainder to fund local outreach to employers.

Vermonters Served: Over 600 VR consumers have benefitted from ARRA funds—190 in Alternative Placements, 116 with short-term training, 326 with workplace supports, and 21 receiving Car Coach services (these began at the close of FFY 2009).

Highlights:

- Alternative placements have proven a rich source of transformative experiences for consumers and employers (and success stories for VR). Consumers with a lifetime of bad work experiences have been given a safe, low-stress way to re-engage with work and rediscover their skills and confidence. Employers who were reluctant to open their doors to people with disabilities have gained valued employees and a new perspective.
- Out of 131 cases closed after having received ARRA supports, 91% closed with successful employment.

Reaching Out to Serve Vermont Businesses

VR is constantly striving to improve how it delivers services to yield more employment outcomes for Vermonters with disabilities. In recent years, we have shifted our paradigm to consciously include employers as an important customer, realizing that unless we serve their needs, we cannot secure sustainable, livable wage employment for our prime customer, the jobseeker.

A major contributor in this paradigm shift is “Vermont Works”, a systems change project funded by the Medicaid Infrastructure Grant (MIG) from the Centers for Medicare and Medicaid Services (CMS). Vermont Works has been an engine for innovation for several years, providing funds to pilot new ideas with a variety of partners. Its latest achievements have been focused on working with employers to understand their needs and improve their capacity to hire and retain workers with disabilities.

Vermonters Served: Over 2,000 Vermont businesses over the past decade—both large and small, public and private—who have employed VR consumers, provided internships, work-based learning experiences, participated in Business Advisory Councils, sought information on workplace accommodations, employee retention, tax credits, and the ADA.

Highlights:

- VR routinely surveys staff and consumers regarding their satisfaction with VR. In FFY '09, MIG funds helped VR initiate a new employer satisfaction survey that will

be conducted every two years. The survey is designed to assess satisfaction among current employer clients; determine awareness of VR and VABIR and their services among the broader business community; and determine their level of interest in VR services. Responses from the 342 businesses that participated revealed a high level of satisfaction among the relatively small share of employers who are aware of VR. The results underscored the importance of VR's recent employer marketing initiatives, funded by MIG and ARRA.

- MIG was also instrumental in establishing the new State of Vermont Internship Program that facilitates the placement of interns throughout Vermont state government. Participating interns gain on-the-job training that integrates education, career development and public service, while agencies hosting interns benefit from the contributions of creative and innovative students and VR consumers. While the internship program serves all students, VR views it as an important entry path into State employment for students with disabilities and a means to cultivate a pool of diverse candidates within populations currently underrepresented in the State workforce.
- Another exciting development supported by MIG is the Resource Coordinator Pilot. A small group of Vermont employers and state agency staff have joined together to engage a Resource Coordinator (RC) who serves multiple employers to provide work supports to their employees with disabilities or from backgrounds of generational poverty. The RC is available a few hours a week at participating businesses to meet with employees that are experiencing problems that interfere with work, cause stress, or result in employee turnover. Low-income workers have particular challenges that can keep them from being successful at work or even traveling to the workplace. Here are some examples of issues the RC helps employees with:
 - My apartment building was just condemned – what do I do?
 - The transmission in my car just blew – what are my transportation options and how am I going to pay for a \$3,000 car repair?
 - I'm moving and need to find childcare near my new home.

This service frees supervisors to perform key management tasks rather than attempt to intervene on behalf of employees without the necessary time or expertise to do so effectively.

Services to Special Populations

Youth in Transition

Since 2001, VR has made a concerted effort to establish a cadre of dedicated VR transition counselors in an effort to improve the quality of VR services to youth with disabilities; improve outcomes for youth with disabilities; provide more effective outreach to youth with disabilities; and develop a body of expertise within VR relative to youth with disabilities who are making the transition from youth to adulthood. This effort has won us national recognition as a leader in transition practices.

Vermonters Served: (FFY '09) 2,079 youth were served by specialty Transition Counselors, who now serve all 60 Vermont high schools and typically focus on youth still in school and under age 21. An additional 1,097 youth under age 25 were served by other VR counselors.

Highlights:

- Youth between the ages of 14 and 24 have increased from 22% of our consumers served in FFY '00 to 34% in FFY '09.
- Two initiatives funded this year focused on further developing the concept of the Youth Employment Specialist (YES), after its successful pilot in an SSA-funded Youth Transition Demonstration project in 2007.
 - The Developmental Disabilities Council funded a project to establish YES services focused on youth with Autism Spectrum Disorders. These youth typically require a succession of progressive work experiences to succeed in employment long-term and are often in the VR caseload longer than other youth in transition. The YES provides intensive supports along a path leading from early career exploration, pre-employment training, post-secondary education and training, work experiences, through to competitive job placements and follow-up support.
 - In Rutland, four supervisory unions have joined together to contract for YES services through VABIR, VR's partner and a major participant in the Youth Transition Demonstration grant, to offer slots for students they select to receive the YES services. Students selected to date have had a wide variety of disabilities. The Rutland model has validated both the flexibility of the YES service model, and the viability of having schools fund the service in collaboration with VABIR and VR.
- Another exciting innovation this year was the Health Careers for Youth program. VR was instrumental in starting a partnership with Copley Hospital, Lamoille County Court Diversion and Restorative Justice, and the Vermont Department of Labor. For 5 weeks this summer, 10 economically disadvantaged young adults with a variety of emotional, behavioral and learning disabilities were welcomed into the hospital to learn about Health Careers and to do paid work in a variety of departments, from Orthopedics to Dietary to Human Resources. The program, funded by a Vermont Department of Labor Summer Youth Employment Program (SYEP) grant, proved to be a life-changing experience for both the young adult participants and hospital staff. Participants learned about health careers and hospital culture, in addition to many “soft skills”, time and stress management, types of communication, interviewing skills, etc.—all things that employers say are essential for being a good employee. Hospital staff learned about the skills that these young people can offer to a work place and about the abilities behind the disability. And Vermont has an increased pool of possible future applicants for health-related jobs, a field which is facing severe shortages.

Social Security Disability Beneficiaries

VR has been a leader in promoting employment among Social Security beneficiaries who have the most serious disabilities and face the greatest disincentives to working. Since establishing its Benefits Counseling program in 1999, VR has served over 6,500 individuals, helping them increase their income and gradually reduce their dependence on public benefits. Vermont's demonstrated expertise and innovation in working with SSA disability beneficiaries has led to Vermont being chosen several times over as the site for SSA pilots to test new policies. In the latest venture, Vermont was among four states nationwide to participate in the SSDI Benefit Offset Pilot, and was the first to demonstrate statistically significant results in this SSA-funded random assignment study. Vermont played a significant role in laying the groundwork for the Benefits Offset National Demonstration (BOND) slated to begin in 2011 and our benefits counselors will continue as key players in the study.

Vermonters Served: (FFY '09) 1,539 individuals received benefits counseling services this year, including 534 new enrollees. More than 150 other individuals received brief information and referral services, without having a case opened.

Highlights:

- Vermont completed its final report on the SSDI Offset Pilot, which will be posted on the SSA website. Vermont found statistically significant increases in the rate at which test group members earned above the Substantial Gainful Activity (SGA) level (the level at which SSDI benefits are affected). One subgroup experienced a 20.5-percentage-point increase in the first year post-enrollment, from 17% to an average post-enrollment rate of 38%.
- The benefits counseling program suffered dramatic staff reductions in FFY 2009 due to the state budget situation, going from ten full-time counselors and two program managers, to one program manager supervising a staff of six. As a result, difficult decisions have had to be made on how to triage requests for assistance and target our staff resources to groups with funding available for their services.

Supported Employment and the JOBS Program

Supported employment gives Vermonters with significant disabilities the opportunity to be employed in their own communities at real jobs with competitive wages. A job coach or a natural support person (supervisor or co-workers) can make a huge difference—supporting the worker in learning or performing job duties, and facilitating other supports that improve chances for success, like transportation, assistive technology, specialized training, or tailored supervision. VR awards about 40 grants each year to community-based mental health and developmental disability agencies for supported employment services.

Vermonters Served: (SFY '09) 1,257 individuals received supported employment services this year: 427 with mental illness, 386 with developmental disabilities, 177 with multiple disabilities, including traumatic brain injury, and 267 youth with emotional behavioral disabilities through the JOBS program.

Highlights:

- Supported Employment (SE) partners have been active participants in VR-initiated job developer coalitions in each district. VR counselors credit the energy of their SE partners for uncovering many jobs in the "hidden" job market that helped boost successful outcomes during a difficult year. In fact, rehabs among SE clients increased in FFY '09 from 375 last year to 377.
- Under the leadership of the Department of Mental Health and VR, the Community Rehabilitation and Treatment (CRT) Leadership Committee has developed a statewide 5-year strategic plan. To facilitate a complementary strategic planning effort at the local level, VR's MIG grant is providing incentives to local mental health agencies for strategic planning with an emphasis on improving employment services. Seven CRT programs have responded with plans to complete strategic plans during CY 2010 that align with the statewide plan.
- A similar strategic planning effort got its start this year with the creation of a Developmental Services Leadership Group comprised of developmental services directors, providers, and consumers, and state agency leaders from DDAS and VR. This group will look specifically at policy changes needed at the state and local level to improve the supported employment system for individuals with developmental disabilities.
- While both MH and DS supported employment programs have suffered significant cuts in funding due to state budget woes, the silver lining is the major growth of Ticket to Work⁴ revenues (\$100,000 projected for CY '09, compared to \$21,000 in CY '07 and \$51,000 in CY '08) thanks to VR's aggressive pursuit of Ticket revenue and generous partnership agreements with the designated agencies.
- VR has increased the outcomes focus of the JOBS program by collecting data in eight categories: employment, education, health insurance, physical and mental health services, housing, independent living skills, having a caring relationship and staying out of the criminal justice system. This is an ongoing, continuous quality improvement initiative.

VR Reach-Up Program

Since 2001, VR has worked with the Department for Children and Families (DCF) to help Vermonters with disabilities receiving financial assistance under the Temporary Assistance to Needy Families (TANF) program (called Reach-Up in Vermont). Recipients identified as

⁴ The "Ticket to Work Program" was created as part of the Ticket to Work and Work Incentives Improvement Act of 1999. Its purpose is to expand the availability of service providers who can help SSDI and SSI beneficiaries obtain and retain employment, and thereby reduce or eliminate their dependence on Social Security and SSI cash benefits. Under the Ticket to Work Program, the Social Security Administration pays Employment Networks (employment service providers) outcome and milestone payments if they assist SSI/SSDI beneficiaries become employed above defined income thresholds. DVR operates as an Employment Network under the Ticket to Work program.

having a disability that is a barrier to employment are referred by DCF to VR for services, where they are assigned to a specialized VR counselor who also serves as the person's Reach-Up case manager. A single counselor then provides all services, blending the resources of both VR and DCF to provide intensive vocational services and case management.

Vermonters Served: (FFY '09) 727 Reach-Up participants were served by specialty VR Reach-Up counselors, and an additional 441 Reach-Up participants were served by general VR counselors.

Highlights:

- Despite losing one-sixth of our Reach-Up counseling staff to state budget rescissions, the number of Reach-Up clients served within the VR Reach-Up program did not drop (only a handful fewer Vermonters were served than in the prior year).
- The relationship between DCF and VR significantly expanded last year when DCF granted funds to VR to provide vocational assessment, technical assistance, job development and placement services for non-VR Reach-Up consumers. The result of this expansion has been an increasingly close and positive collaborative relationship between VR and DCF that has strengthened services to Vermonters participating in Reach-Up.

Vermont Assistive Technology Program

802-241-2620 (voice) 802-241-1464 (tty)

ATinfo@ahs.state.vt.us

From modified tools and utensils for people with physical differences, to specialized software for students with autism, to computers that control lights, phones, and appliances by voice, Assistive Technology, or AT, helps people of all ages and abilities to achieve greater independence, efficiency and control over their environment. The Vermont Assistive Technology Program (VATP) provides AT services for Vermonters to help them at home, in school, on the job or in the community. While the VATP mission is very broad and inclusive, our organizational relationship with the Division of Vocational Rehabilitation fosters an especially powerful synergy among the professionals charged with helping Vermonters who have a disability obtain and maintain employment.

The Vermont Assistive Technology Program (VATP) offers a range of services, benefitting nearly 3,500 consumers, family members, educators and others during 2009. These include:

- **Hands-on demonstrations** of AT for accessing computers and other information technology, and for living independently, hearing, seeing, communicating, educating, learning, playing and recreating, responding to emergencies, and controlling one's environment.
- **AT information and assistance**, including guidance and information about devices, services, vendors, funding and referrals to other programs and agencies.
- **Public awareness activities** to help inform Vermonters about AT and its applications.
- **Technical assistance** in selecting and implementing appropriate AT practices programs and policies for agencies, businesses, schools and other organizations.
- **Training** on specific AT devices and software for educational, rehabilitation, and other professionals.
- **Specialized workshops**, seminars, group trainings, and technical presentations.
- **Short term loan** of AT equipment for Vermonters to try out at work, home, school, etc.
- **Advocacy** and information related to individuals' and families' rights to AT services.
- **AT Reuse Project** to help maximize the availability and affordability of AT for Vermonters and extend the useful life of AT devices.

New and ongoing VATP projects:

VATP initiated the **Assistive Technology Reuse Project** in partnership with the Vermont Family Network (VFN) and funding support from VR's Vermont Works Medicaid Infrastructure Grant. There are three major components:

- The **GetATstuff** website (www.getATstuff.com) is part of a regional web-based exchange program bringing together owners of AT that is no longer needed with people seeking AT devices for themselves or others. VT received a National Award for Get AT Stuff program success at the National AT Reuse Conference in Atlanta in September 2009. The VT AT reuse program savings to consumers in New England jumped notably from \$98,361 in 2008 to \$548,737 in 2009.
- **Vermont AT School Swap** (www.vermont.ATschoolswap.com) is a similar web-based system for school districts. Currently, 20 Supervisory Unions/Districts are participating. The goal is to help public schools buy, sell, and share AT equipment purchased for Vermont students that is no longer being used. The potential for savings to school budgets is significant.
- The **Medicaid Equipment Reuse Project** continues to work toward reuse and recycling of specific durable medical equipment, such as wheelchairs, hospital beds and lifts. Equipment is being labeled and beneficiaries agree to return equipment when no longer needed.

The **Autism Puzzle Foundation**, administered by VATP, is a Vermont private nonprofit that provides funding for AT equipment and services for children aged 18 years and younger. Sixty-one families received \$28,000 in equipment and services they could not otherwise afford or access. VATP establishes eligibility and works with families to determine their specific needs.



Department of Disabilities, Aging, and Independent Living
103 South Main Street
Waterbury, VT 05671-1601
Voice 241-2401/TTY 241-3557
Fax (802) 241-2325
www.dail.vermont.gov

This report is available in alternative formats upon request.